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(54) **FACET JOINT REPLACEMENT
INSTRUMENTS AND METHODS**

(75) Inventors: **Andrew R. Fauth**, River Heights, UT
(US); **Daniel J. Triplett**, Providence,
UT (US); **Joel R. Helgerson**,
Providence, UT (US); **Daniel E.
Gerbec**, Logan, UT (US)

(73) Assignee: **GLOBUS MEDICAL, INC.**, Audubon,
PA (US)

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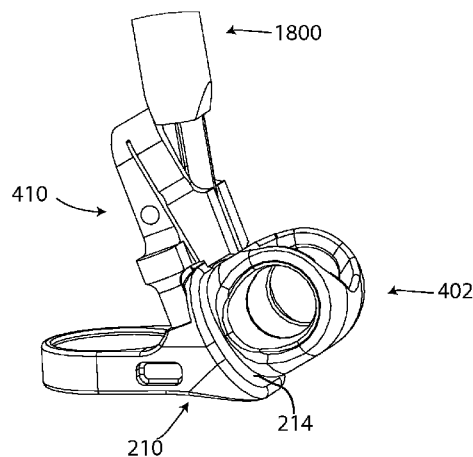
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(57) **ABSTRACT**

A facet joint replacement system includes an inferior
implant with an inferior articular surface, a superior implant
with a superior articular surface, and an optional crossbar.
The inferior implant and the superior implant are each
polyaxially adjustably connected to fixation elements which
anchor the implants to adjacent vertebrae. The optional
crossbar may be polyaxially adjustably connected to bilat-
eral implants. The system components may be provided in
kits which provide components of various sizes and shapes.
A set of surgical instruments may facilitate implantation of
the facet joint replacement system by providing tools for
bone preparation, trialing, implant insertion, implant align-
ment, and lock-out of modular interconnections.

18 Claims, 70 Drawing Sheets



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- 8,926,700, application No. 12/630,566, which is a continuation-in-part of application No. 12/201,046, filed on Aug. 29, 2008, now Pat. No. 8,308,768, and a continuation-in-part of application No. 12/201,086, filed on Aug. 29, 2008, now Pat. No. 9,050,144, and a continuation-in-part of application No. 12/201,128, filed on Aug. 29, 2008, now Pat. No. 8,252,027, and a continuation-in-part of application No. 12/201,148, filed on Aug. 29, 2008, now Pat. No. 8,206,418, and a continuation-in-part of application No. 12/201,198, filed on Aug. 29, 2008, now Pat. No. 8,211,147, said application No. 12/201,046 is a continuation-in-part of application No. 12/104,726, filed on Apr. 17, 2008, now Pat. No. 8,353,933, said application No. 12/201,086 is a continuation-in-part of application No. 12/104,726, filed on Apr. 17, 2008, said application No. 12/201,128 is a continuation-in-part of application No. 12/104,726, filed on Apr. 17, 2008, said application No. 12/201,148 is a continuation-in-part of application No. 12/104,726, filed on Apr. 17, 2008, said application No. 12/201,198 is a continuation-in-part of application No. 12/104,726, filed on Apr. 17, 2008, said application No. 12/201,046 is a continuation-in-part of application No. 12/104,855, filed on Apr. 17, 2008, now Pat. No. 8,333,789, said application No. 12/201,086 is a continuation-in-part of application No. 12/104,855, filed on Apr. 17, 2008, said application No. 12/201,128 is a continuation-in-part of application No. 12/104,855, filed on Apr. 17, 2008, said application No. 12/201,148 is a continuation-in-part of application No. 12/104,855, filed on Apr. 17, 2008, said application No. 12/201,198 is a continuation-in-part of application No. 12/104,855, filed on Apr. 17, 2008, said application No. 12/104,726 is a continuation-in-part of application No. 11/972,158, filed on Jan. 10, 2008, now Pat. No. 8,900,273, said application No. 12/104,855 is a continuation-in-part of application No. 11/972,158, filed on Jan. 10, 2008, said application No. 11/972,158 is a continuation-in-part of application No. 11/063,941, filed on Feb. 22, 2005, now Pat. No. 7,993,373, and a continuation-in-part of application No. 11/312,323, filed on Dec. 19, 2005, now Pat. No. 8,062,336, which is a continuation-in-part of application No. 11/063,941, filed on Feb. 22, 2005, now Pat. No. 7,993,373.
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2008/0292161	A1 *	11/2008	Funk et al.	382/128	2012/0179256	A1 *	7/2012	Reiley	623/17.11
2008/0319485	A1 *	12/2008	Fauth et al.	606/247	2012/0179273	A1 *	7/2012	Clifford et al.	623/46
2009/0005818	A1 *	1/2009	Chin et al.	606/247					

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* cited by examiner

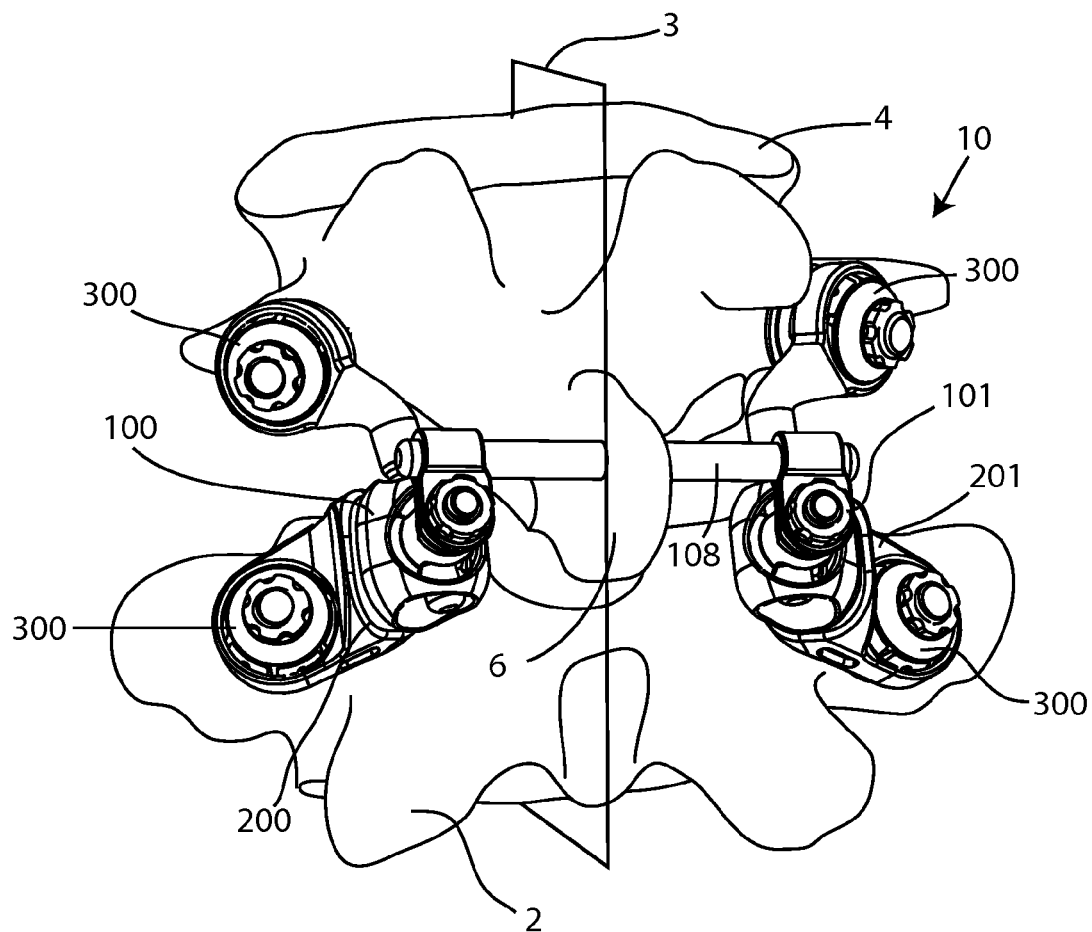


Fig. 1

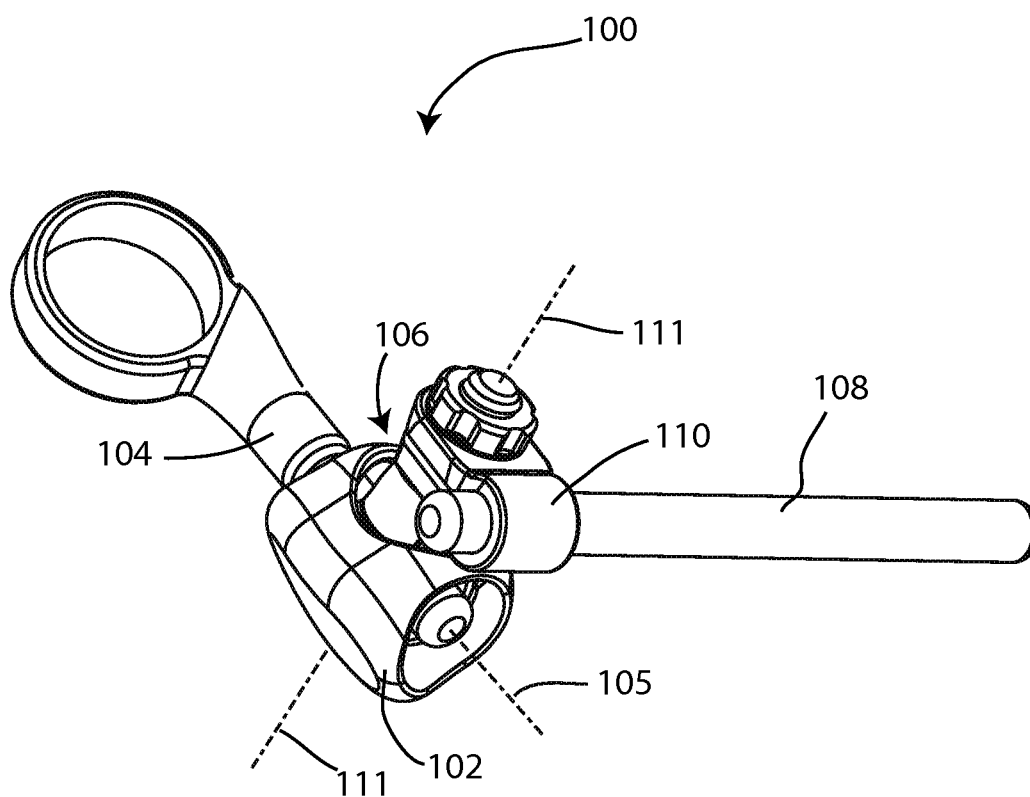


Fig. 2

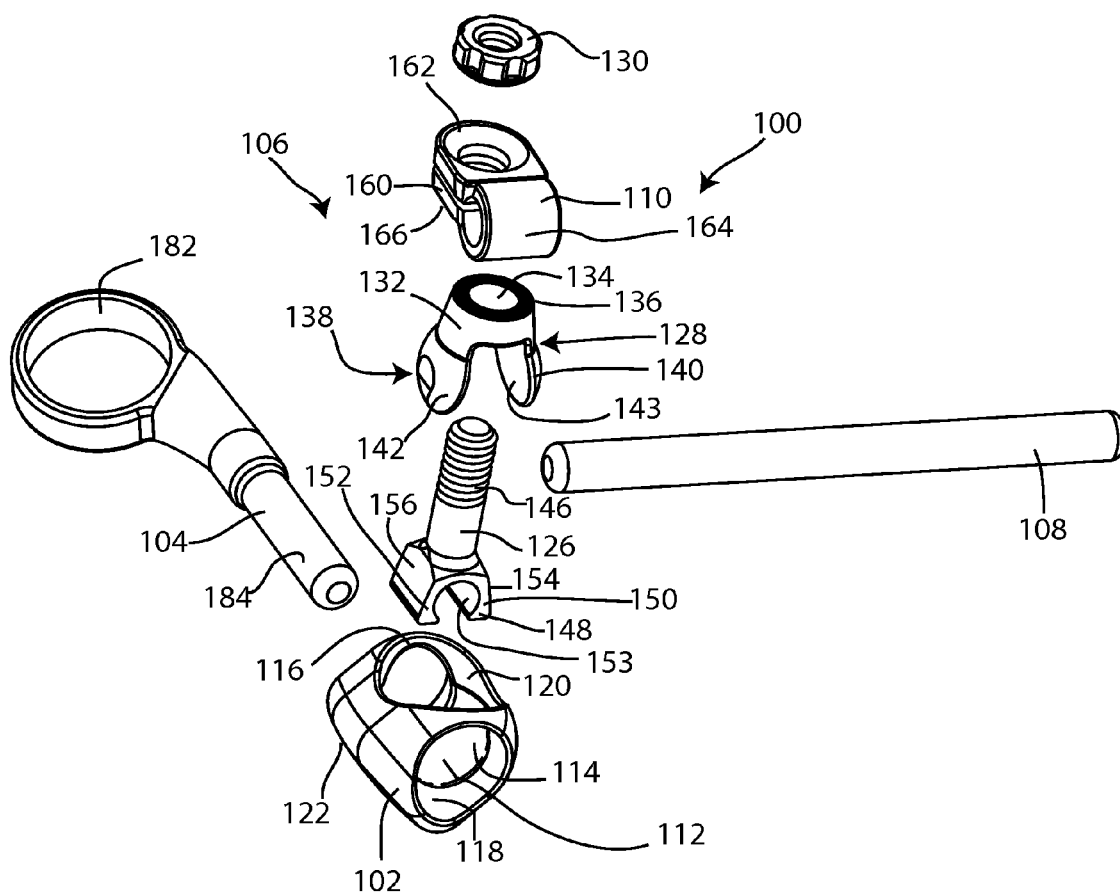


Fig. 3

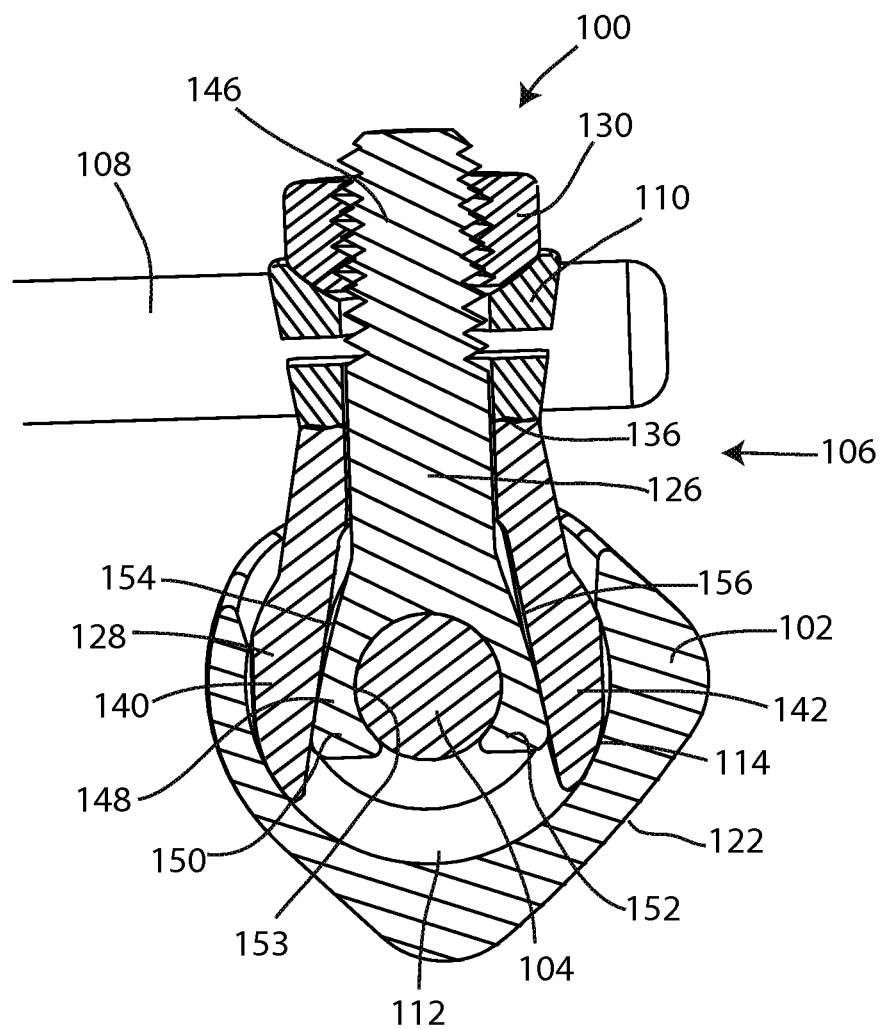


Fig. 4

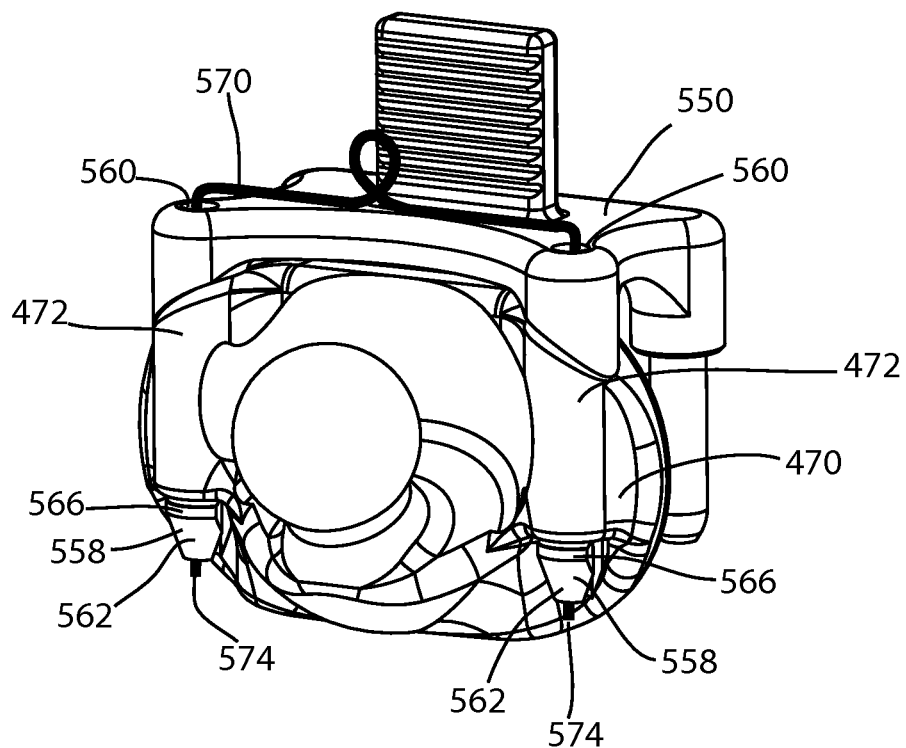


Fig. 5

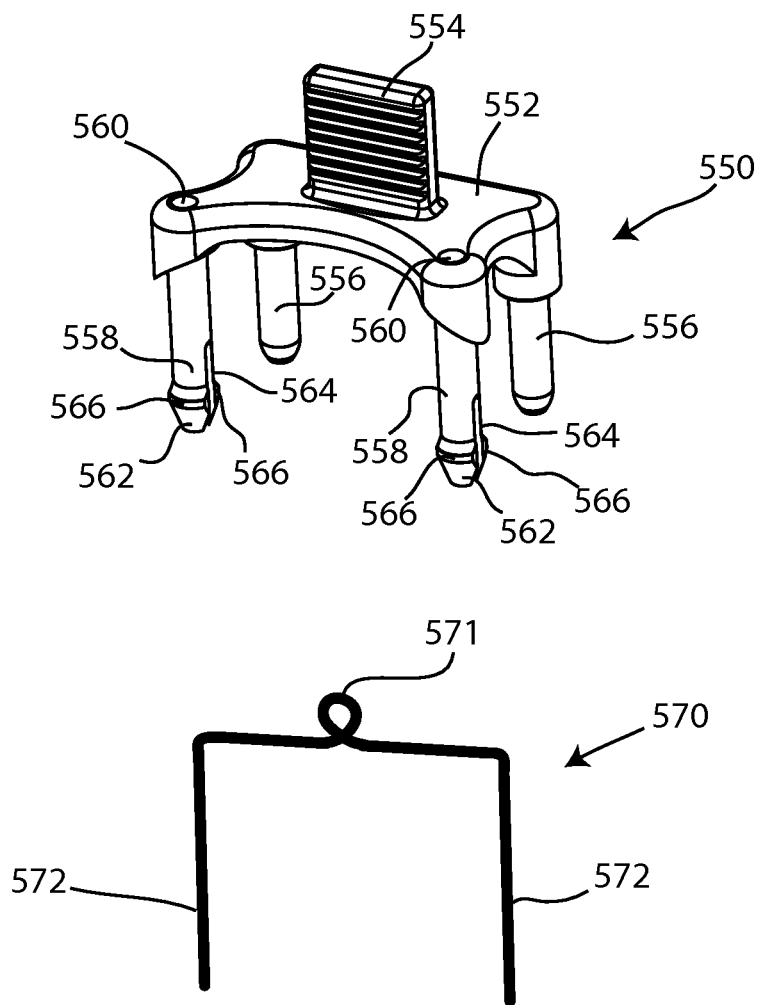


Fig. 6

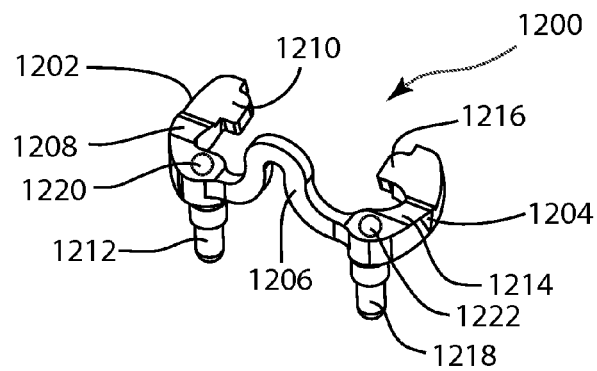


Fig. 7 A

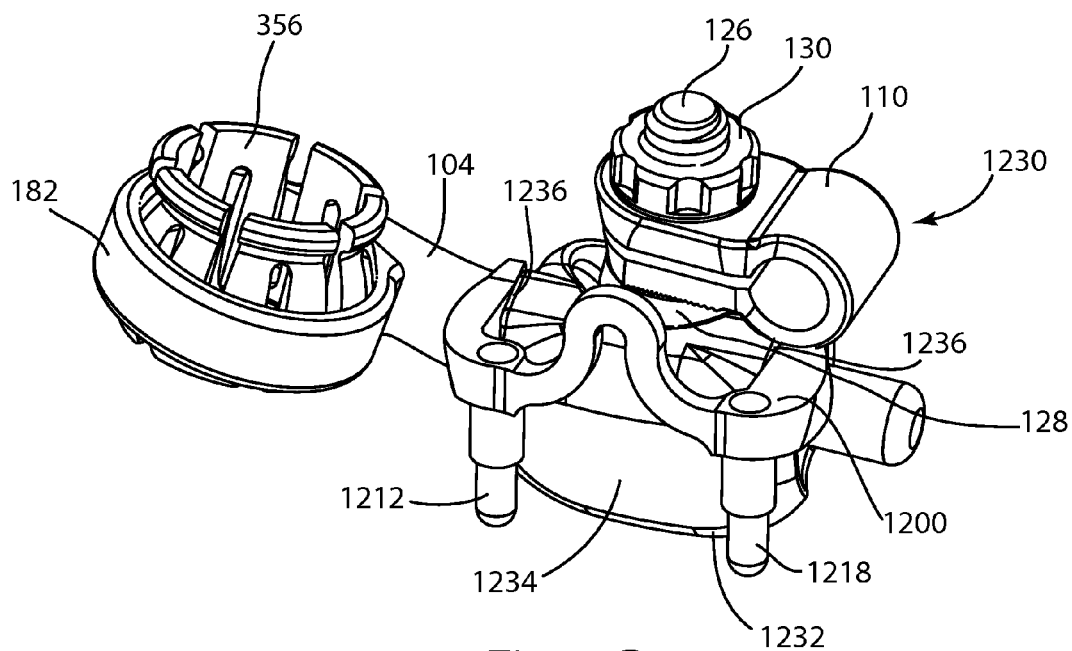


Fig. 7 B

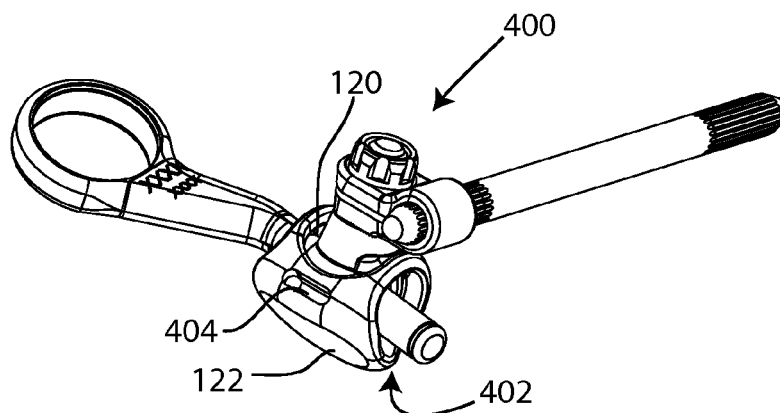


FIG. 8A

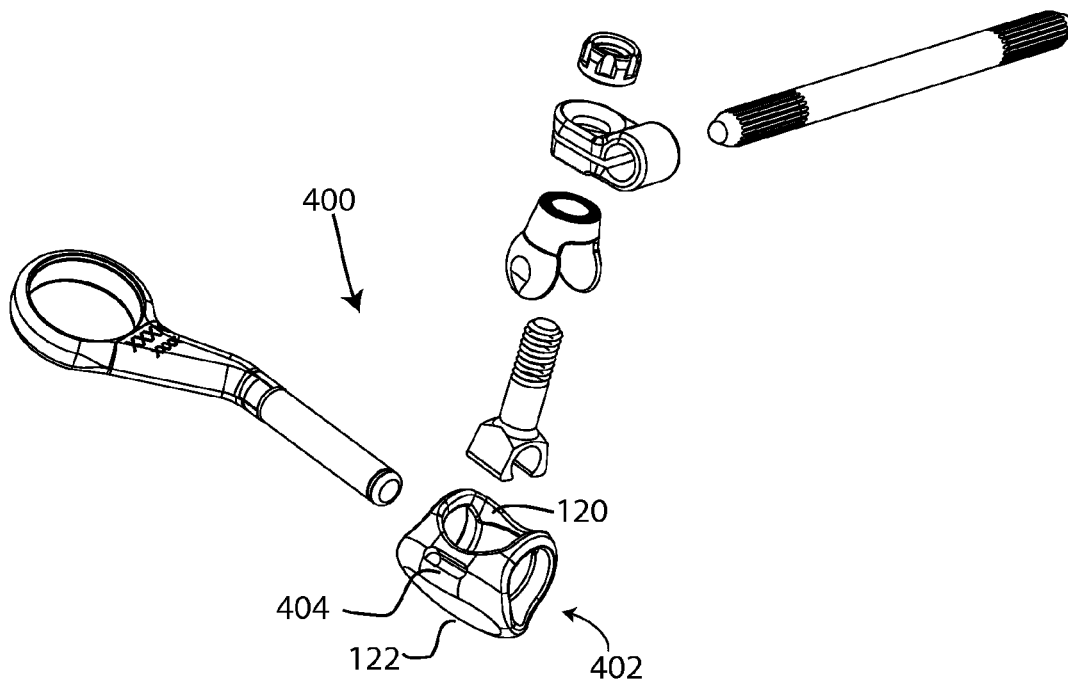
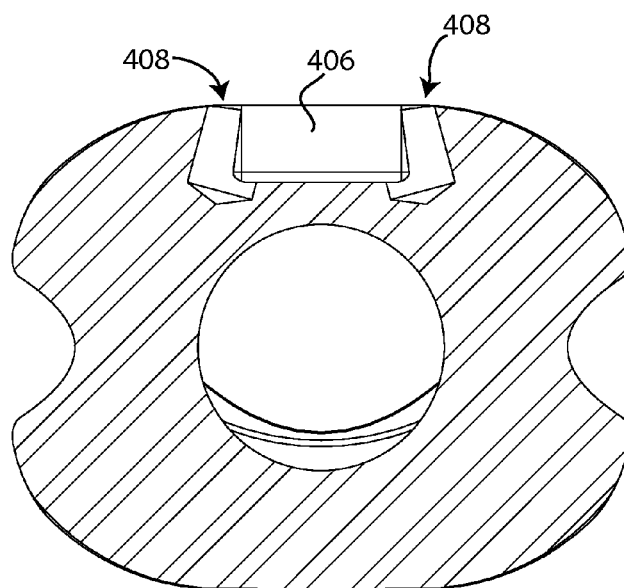
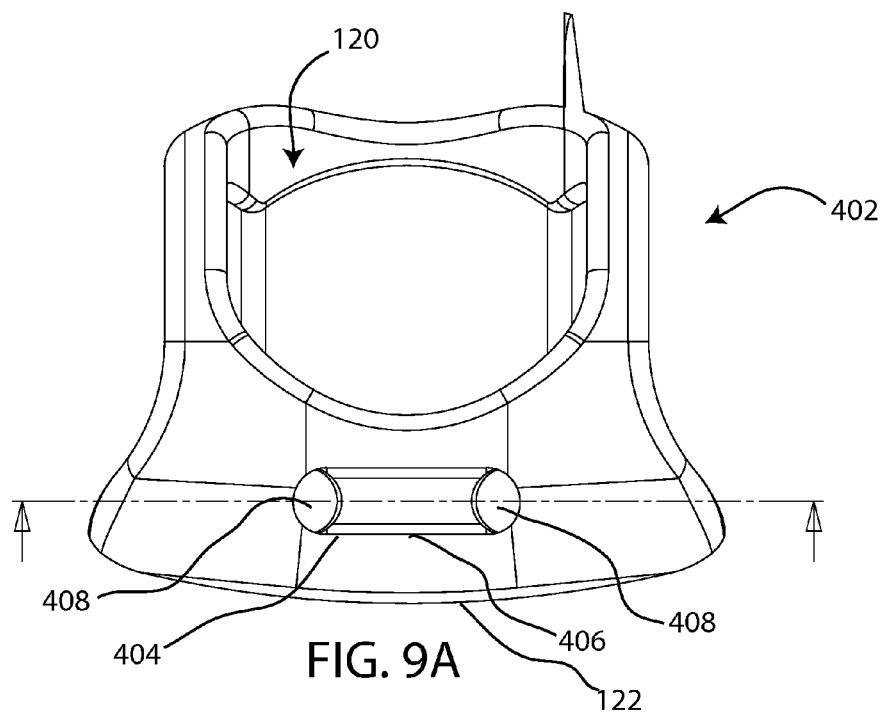


FIG. 8B



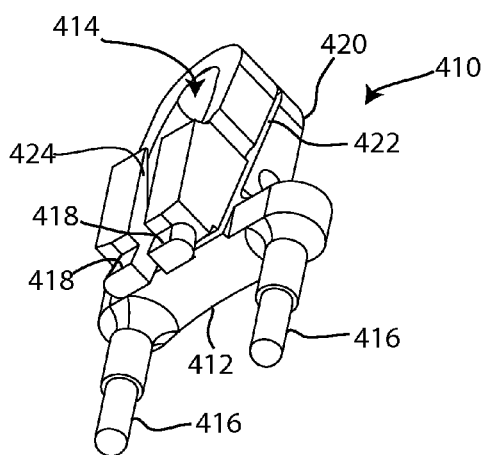


FIG. 10A

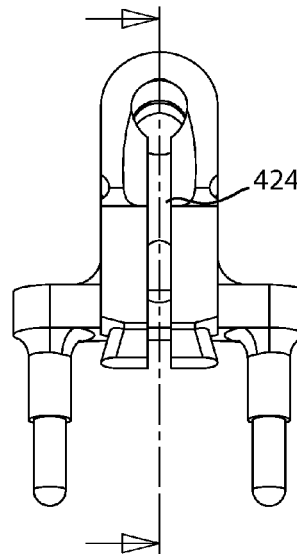


FIG. 10B

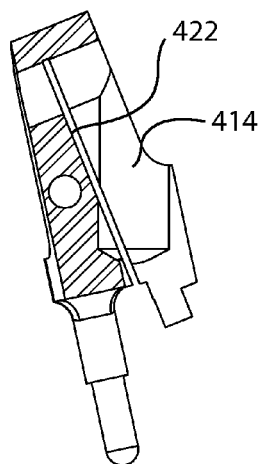


FIG. 10C

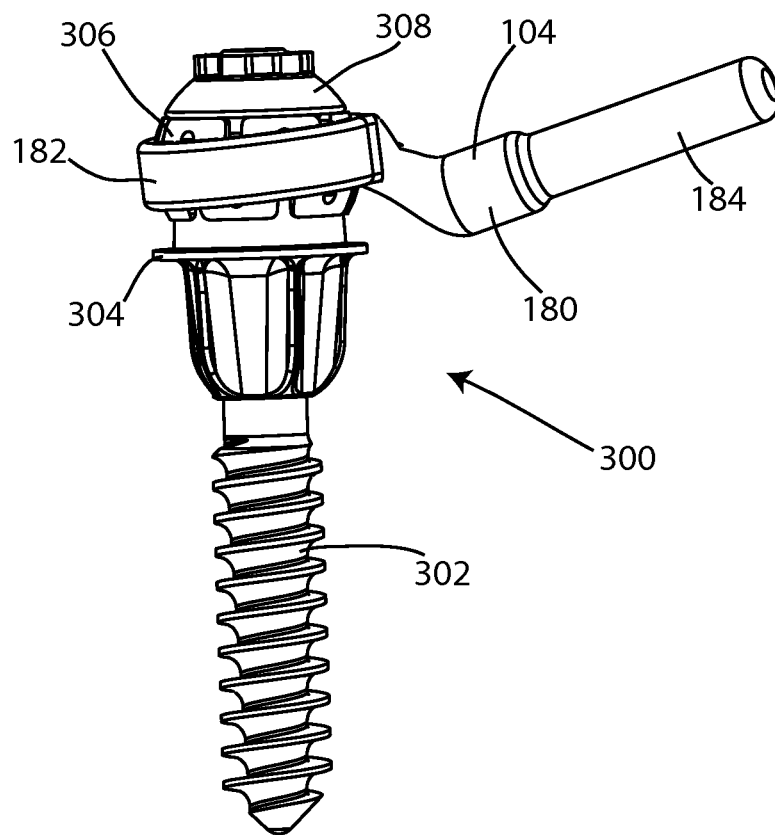


Fig. 11

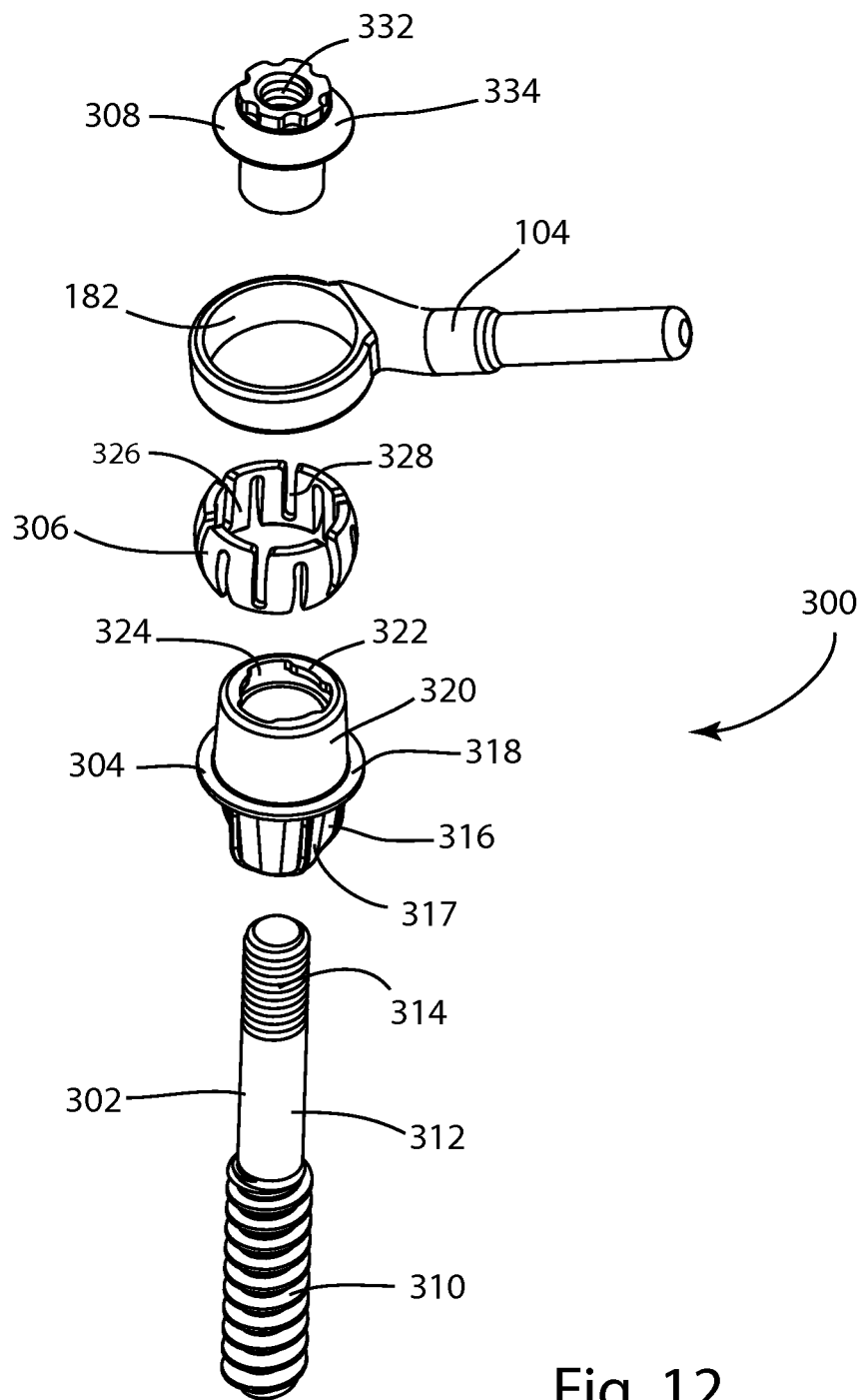


Fig. 12

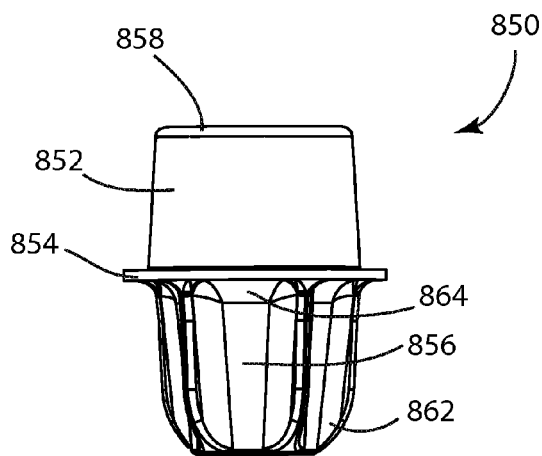


Fig. 13A

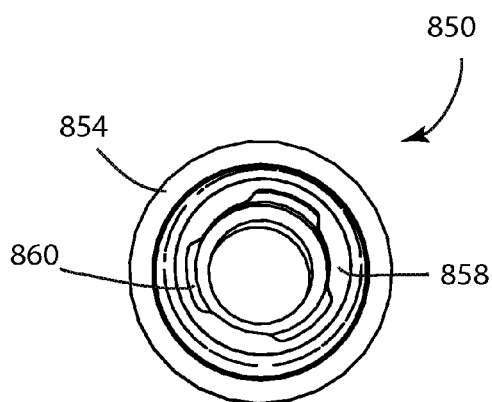


Fig. 13B

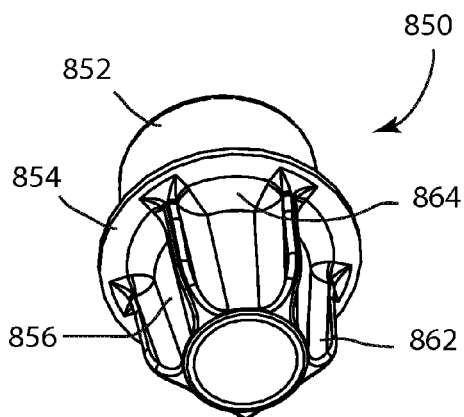


Fig. 13C

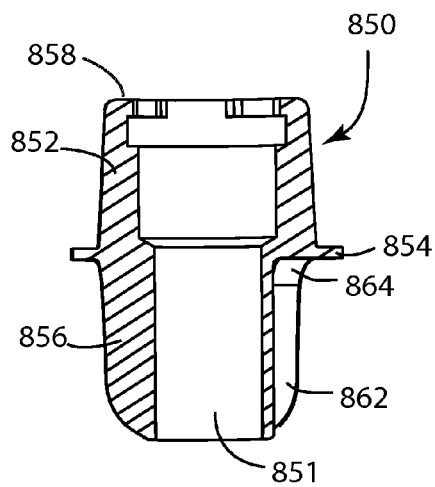
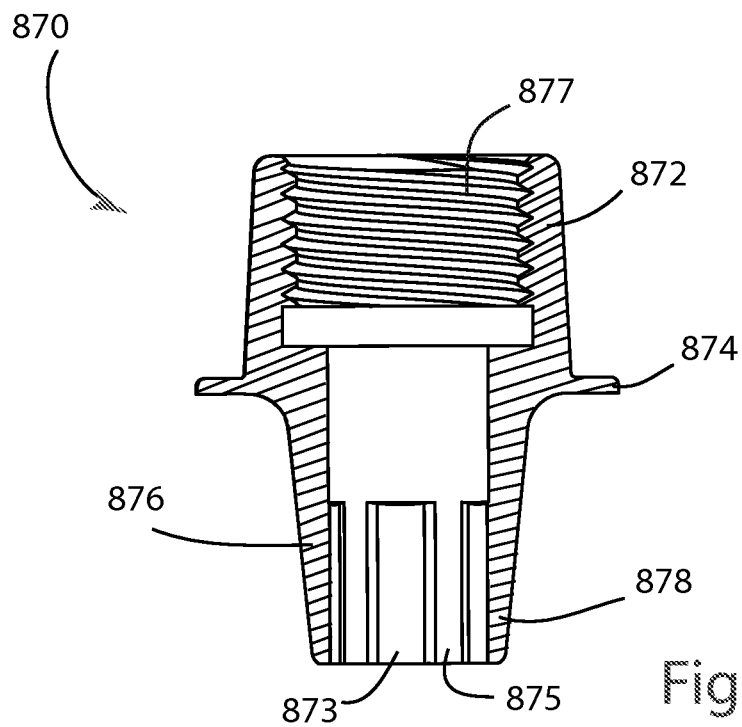
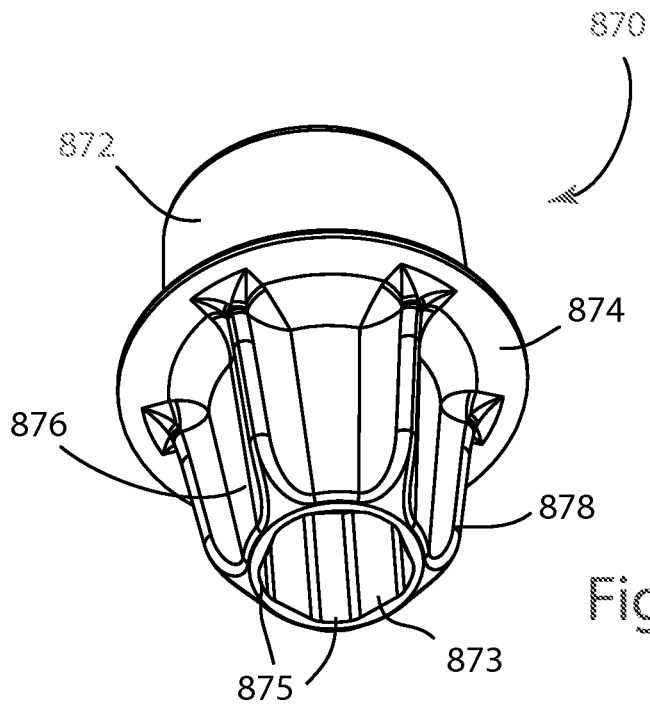


Fig. 13D



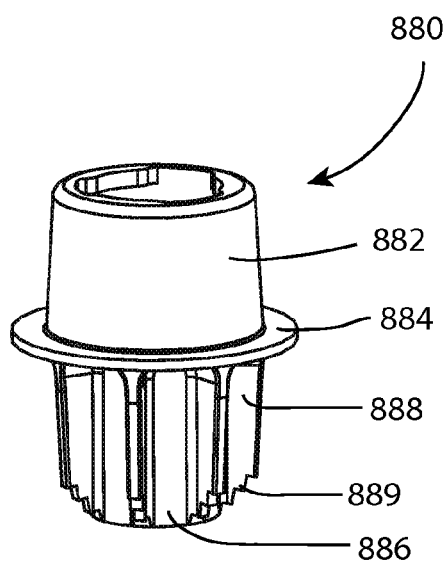


Fig. 15

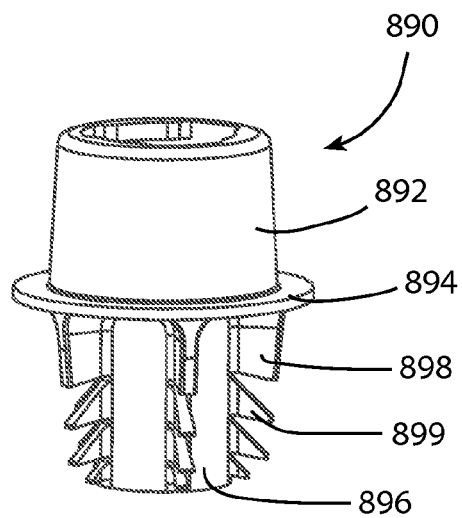


Fig. 16

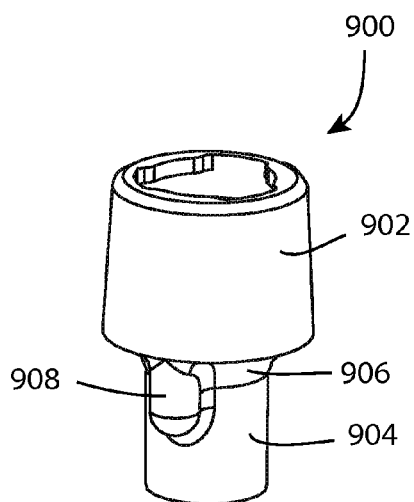


Fig. 17

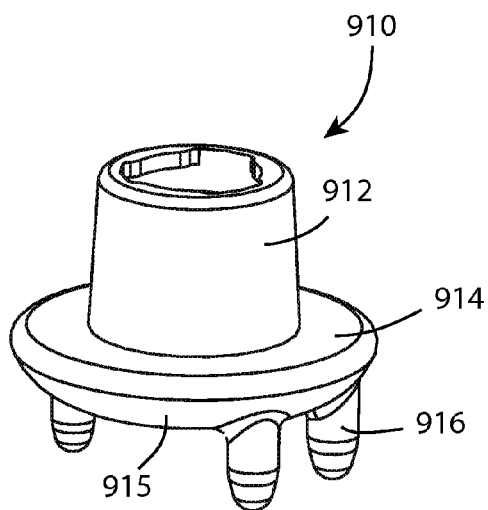


Fig. 18

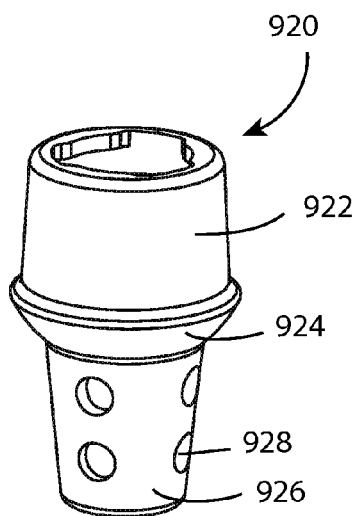


Fig. 19

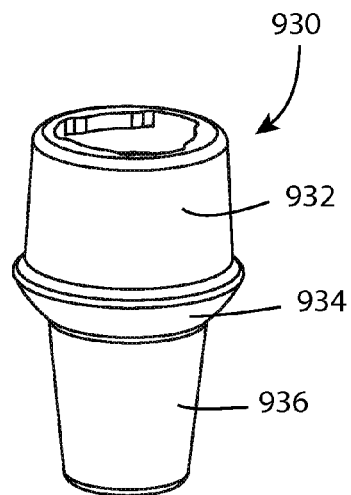


Fig. 20

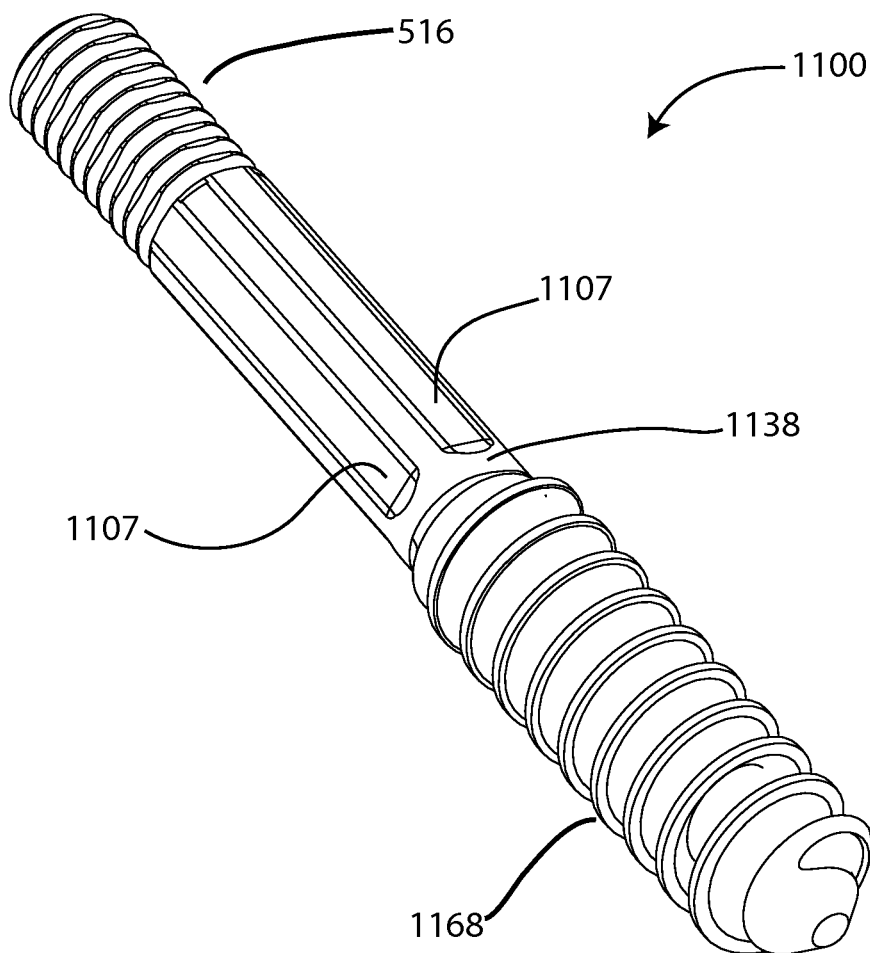


FIG. 21

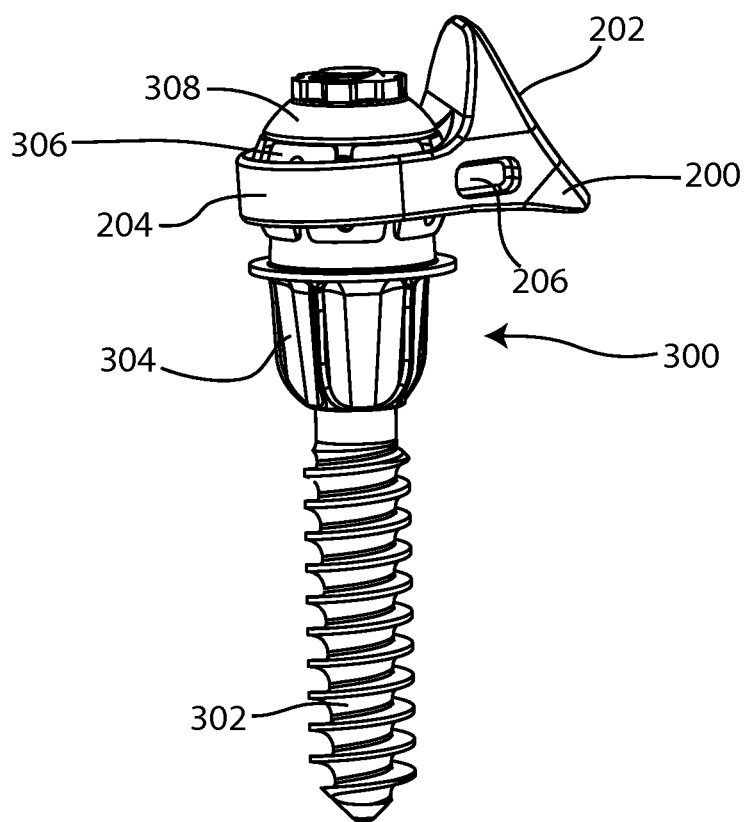


Fig. 22

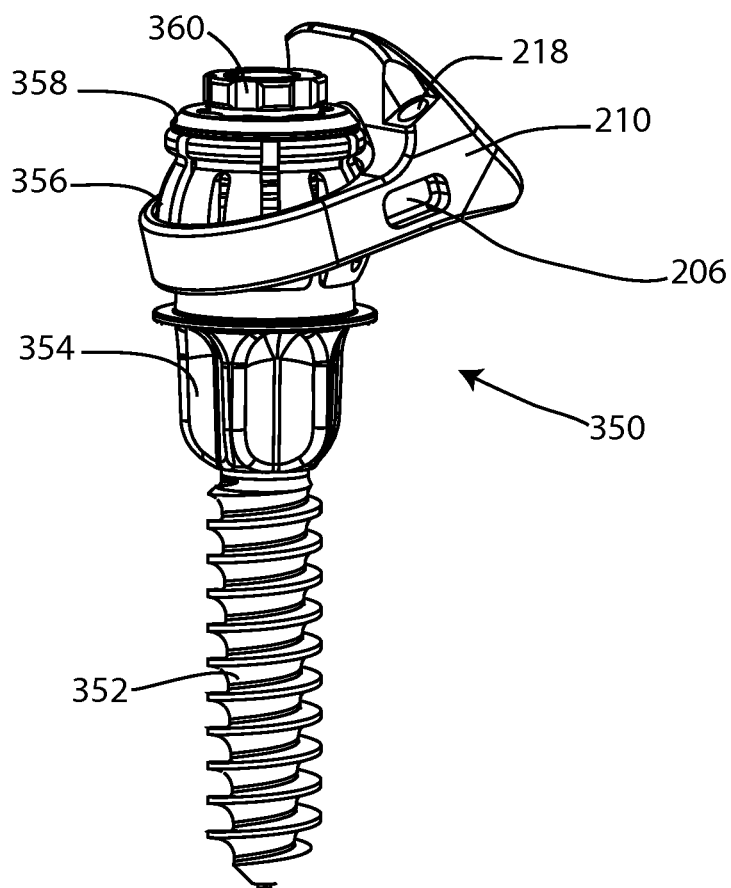


Fig. 23

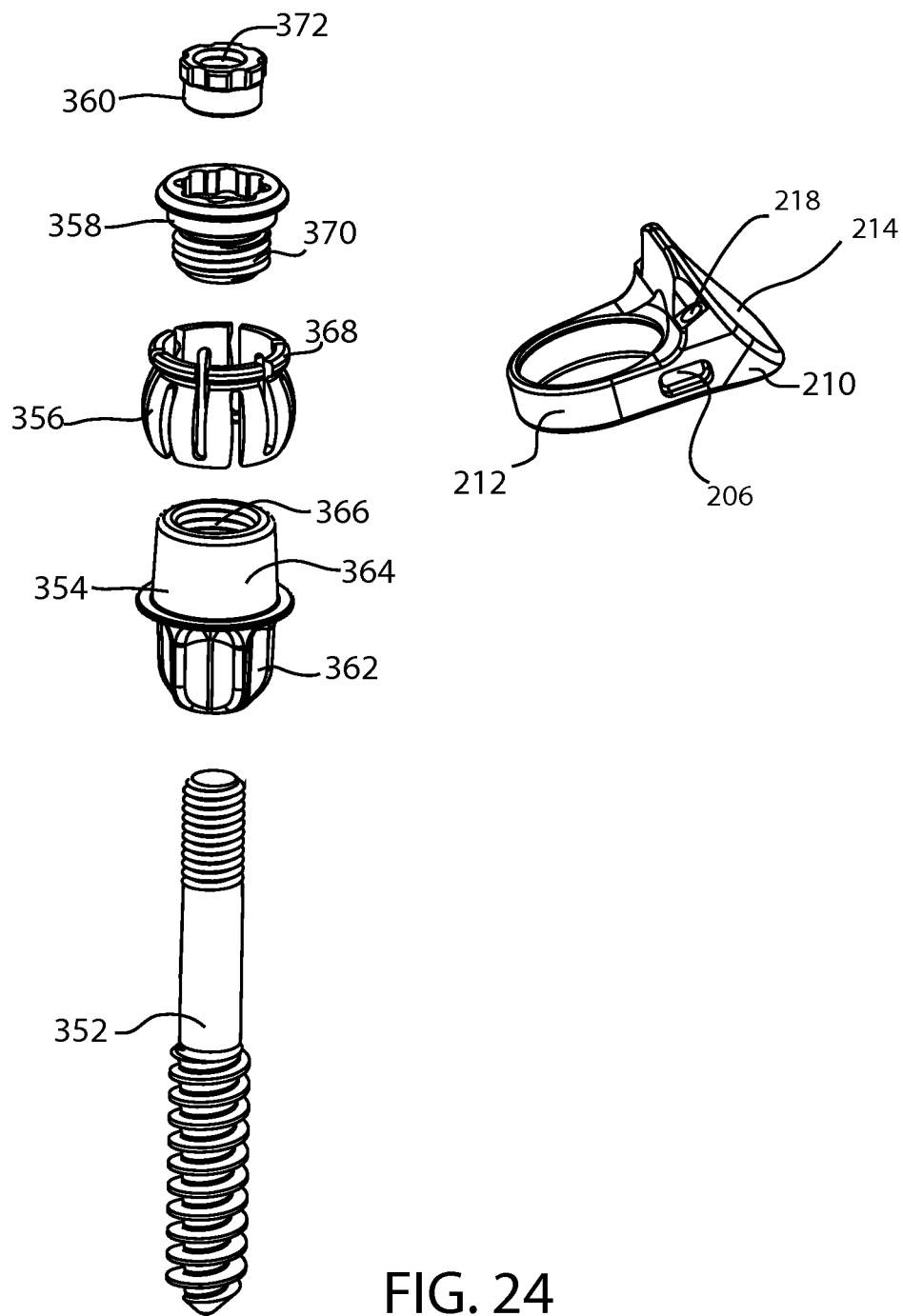


FIG. 24

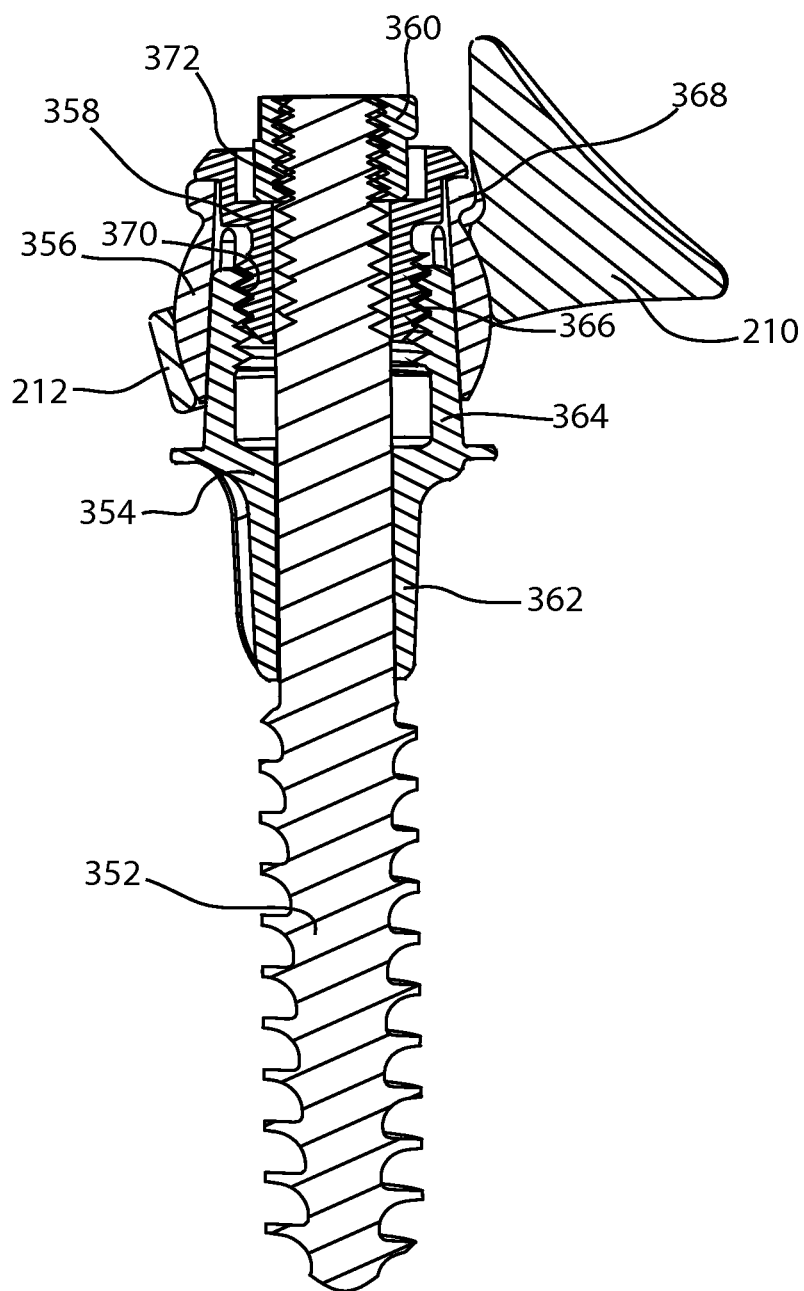


Fig. 25

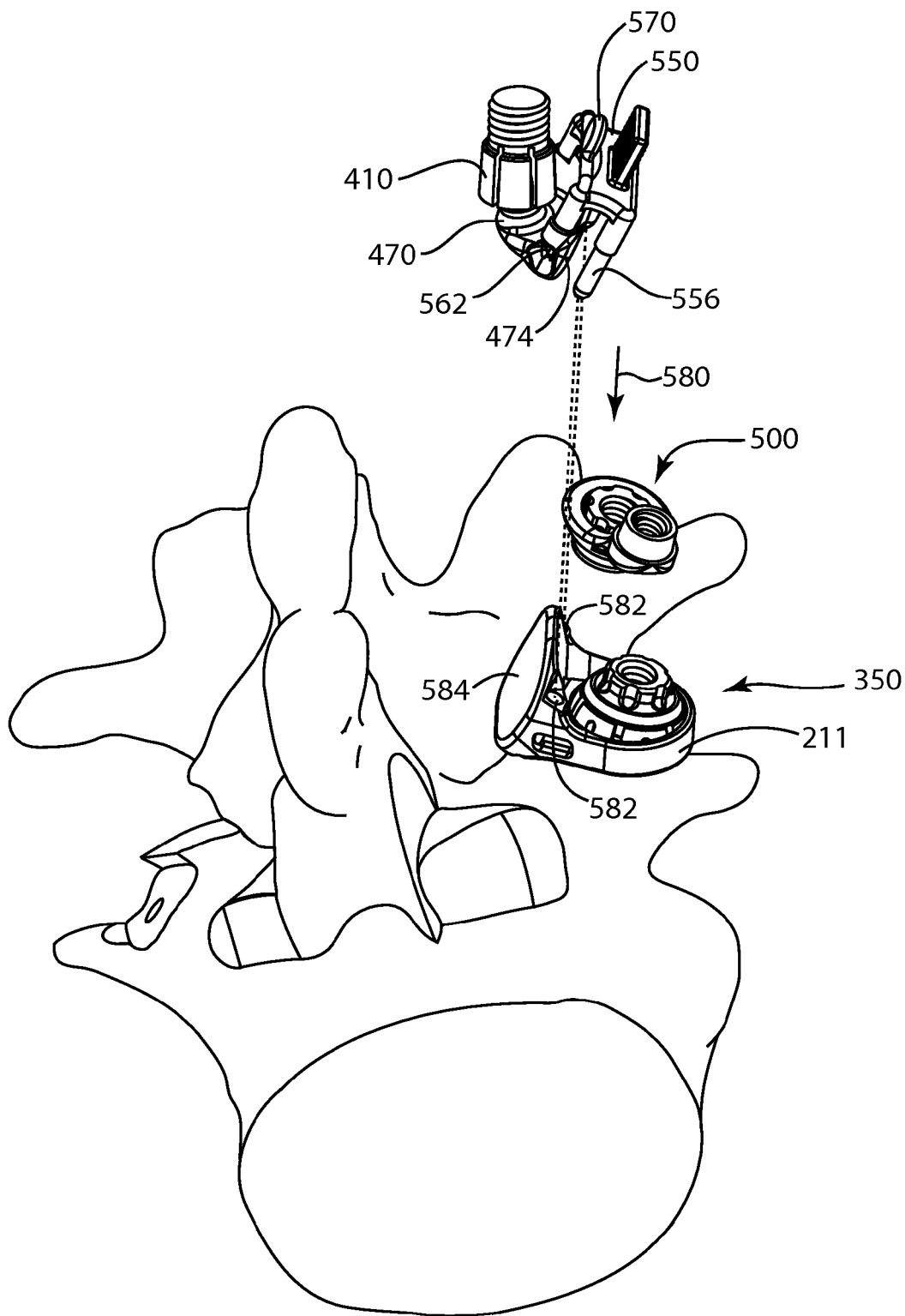


Fig 26

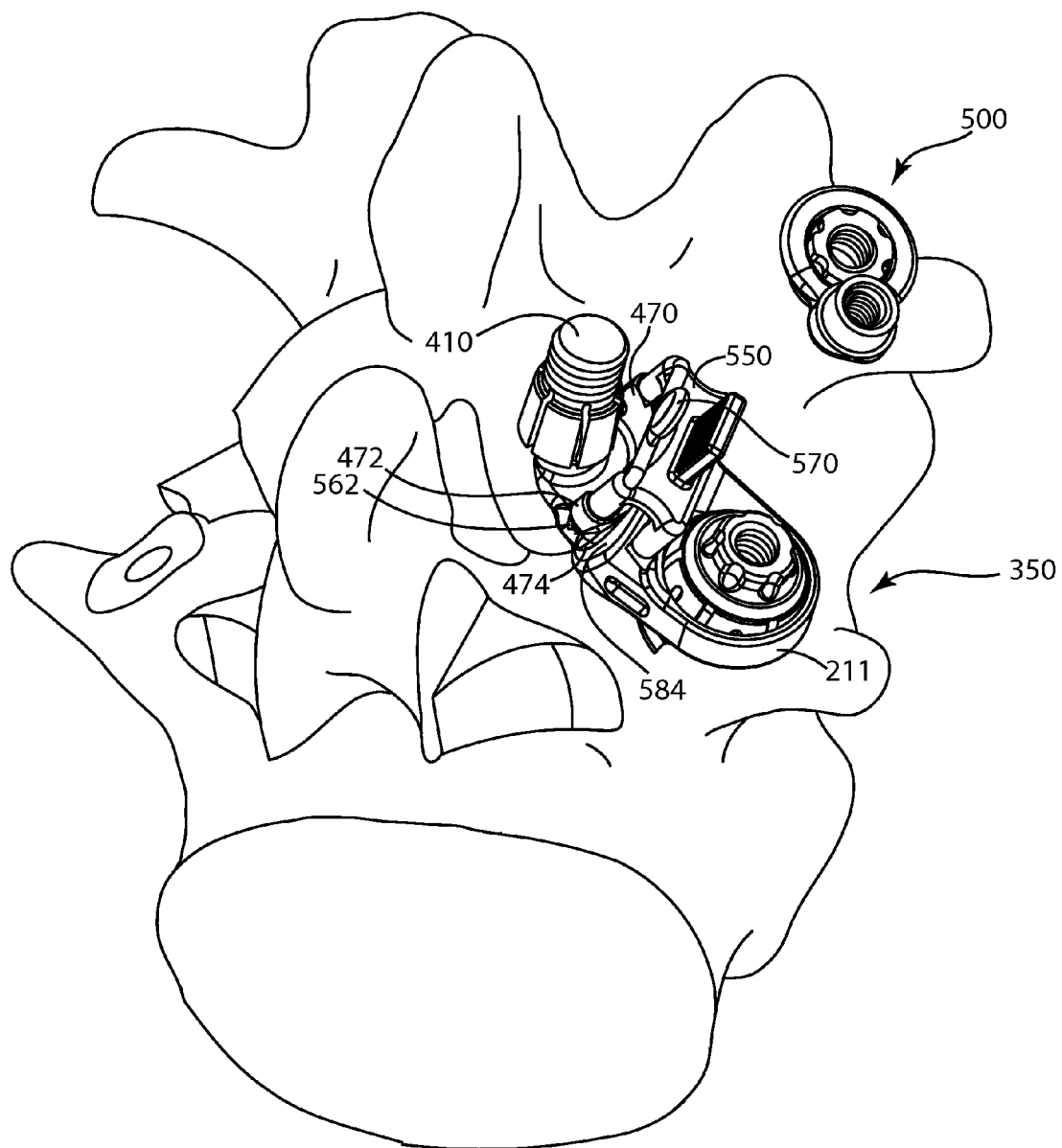


Fig. 27

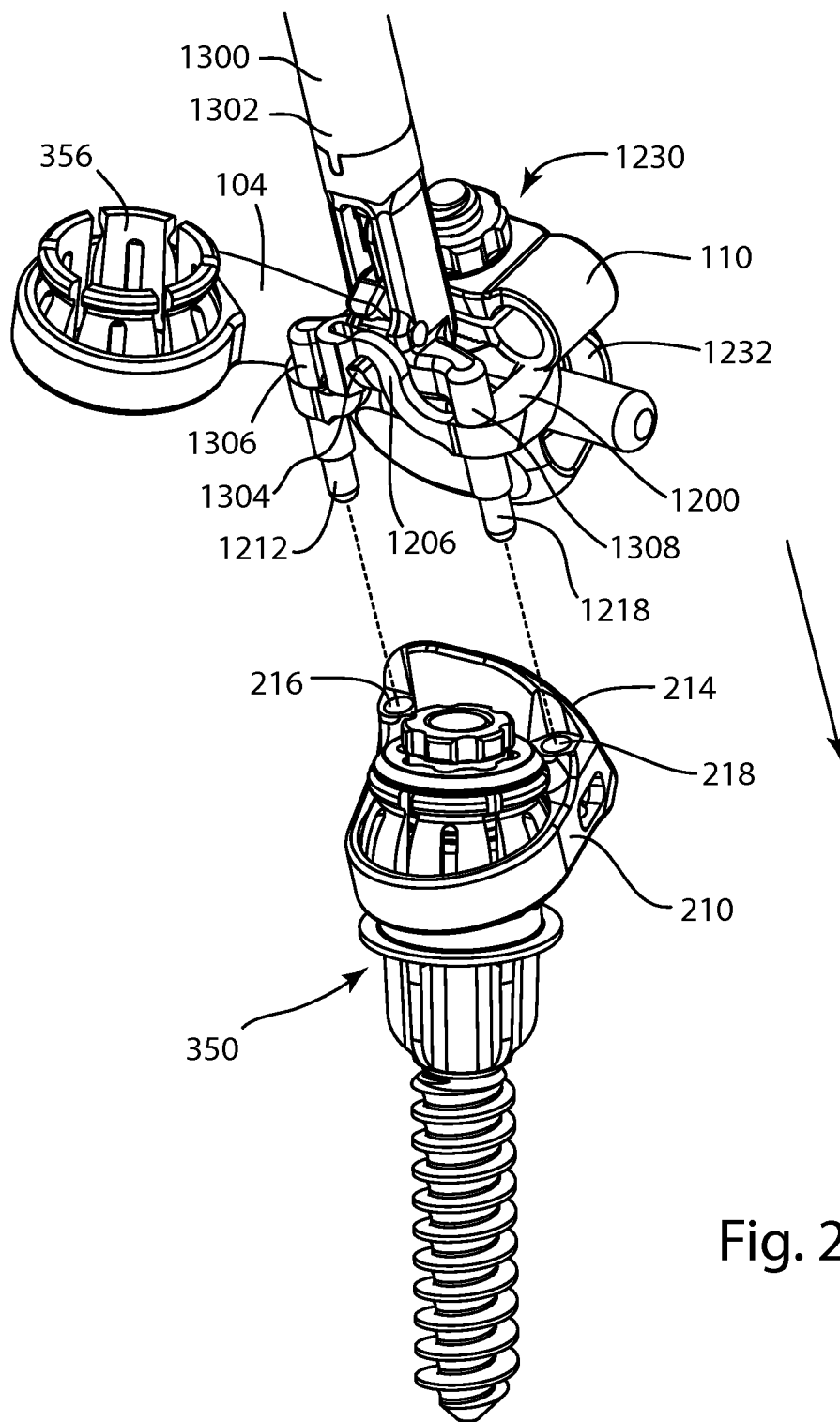


Fig. 28

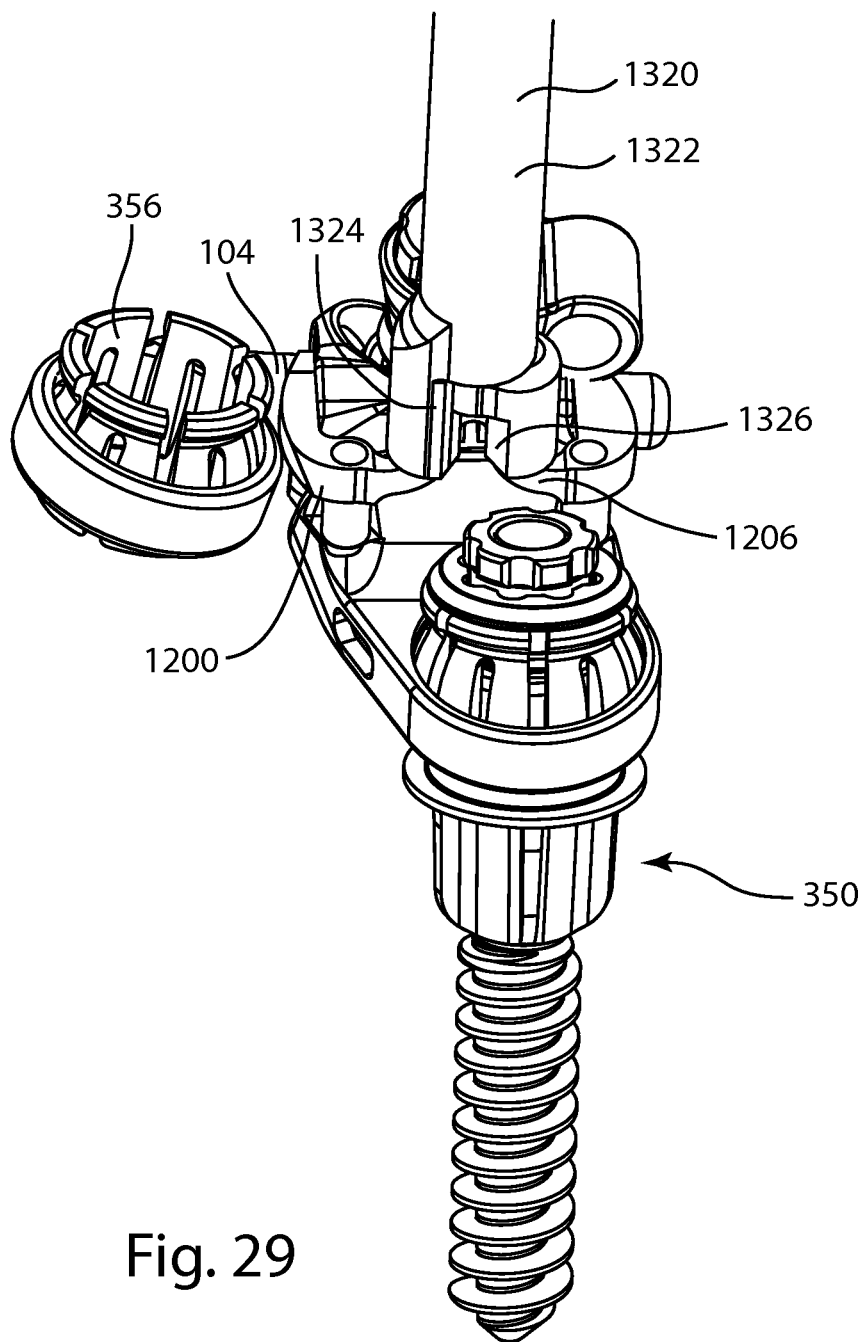
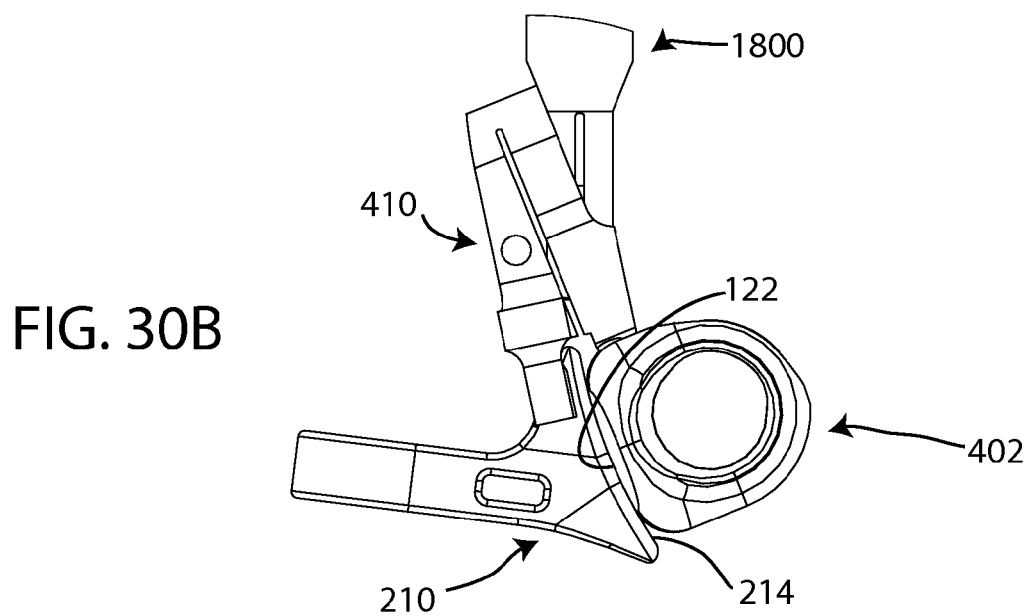
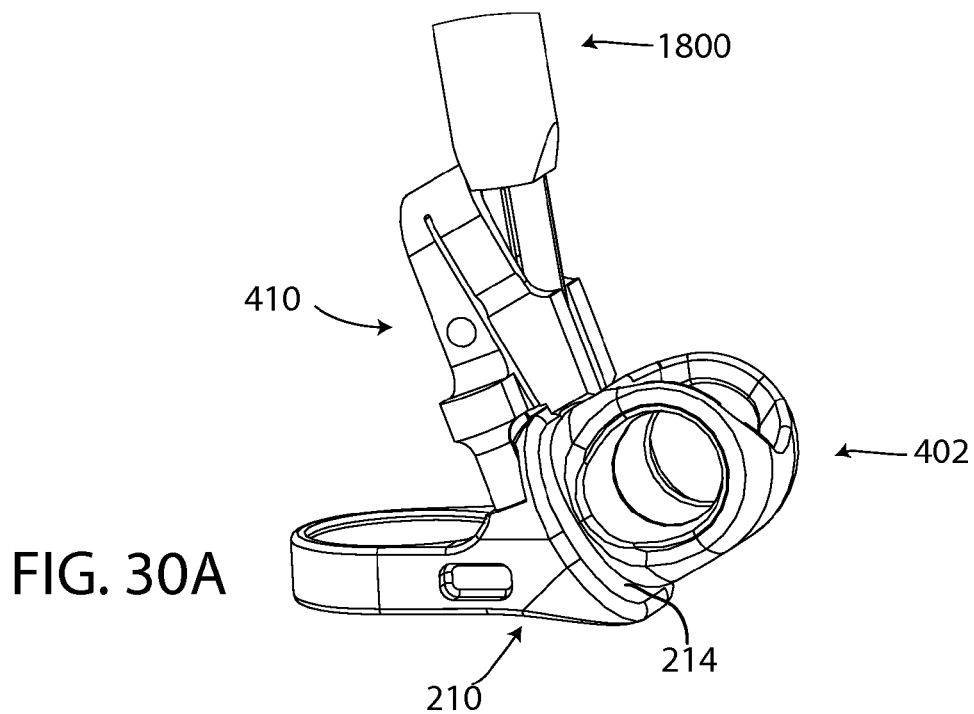


Fig. 29



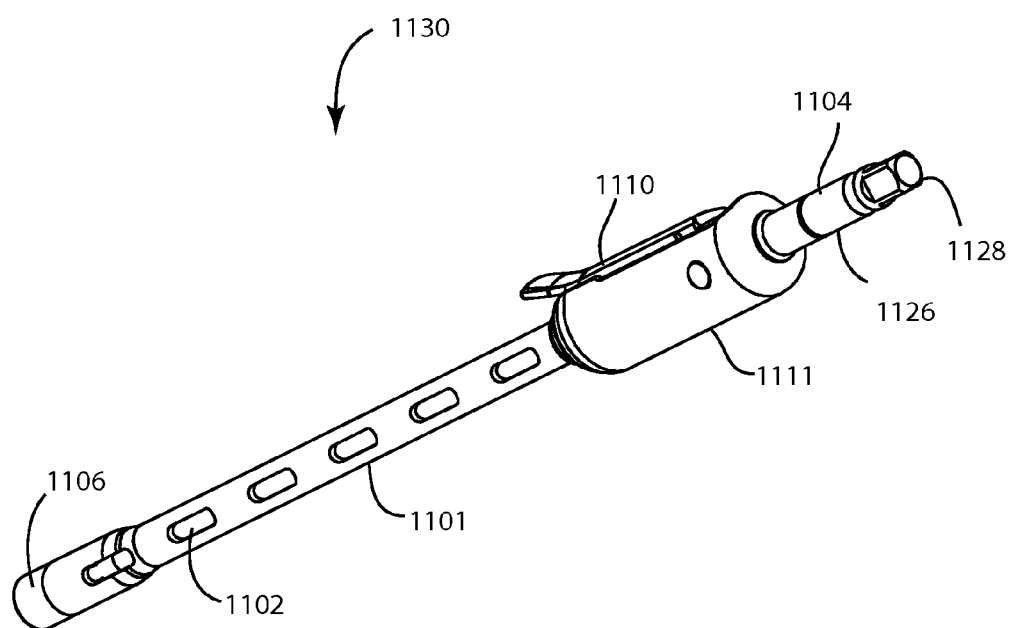


Fig. 31

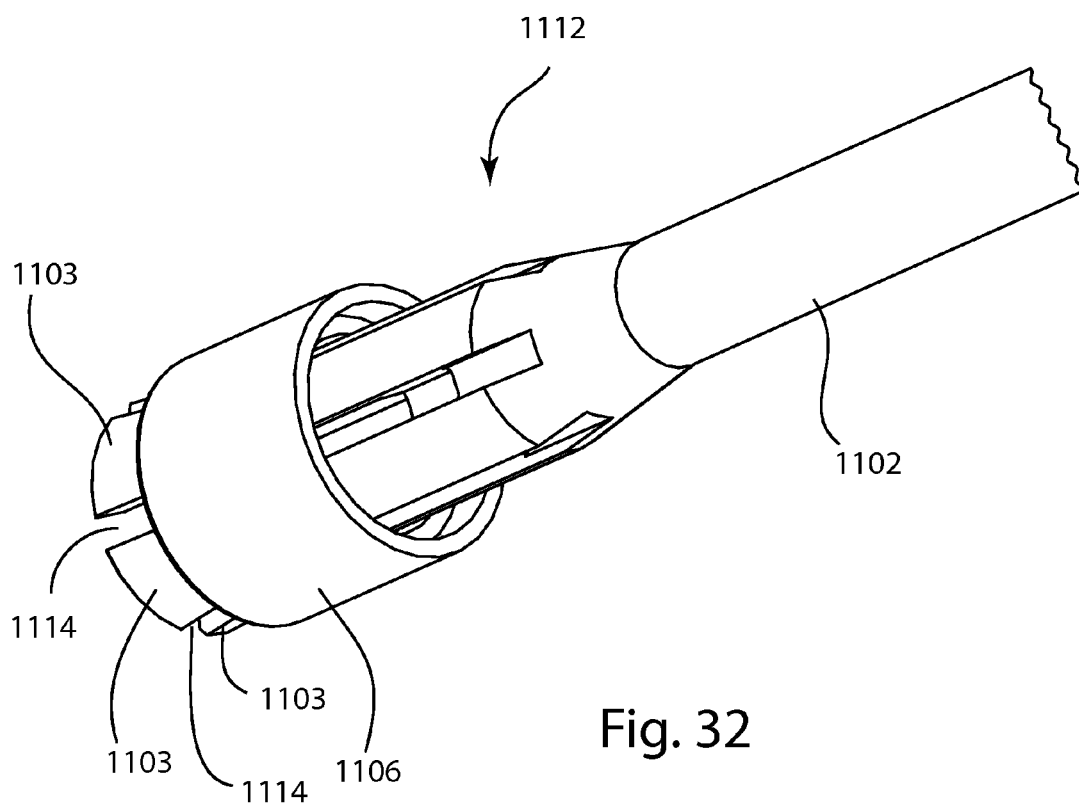


Fig. 32

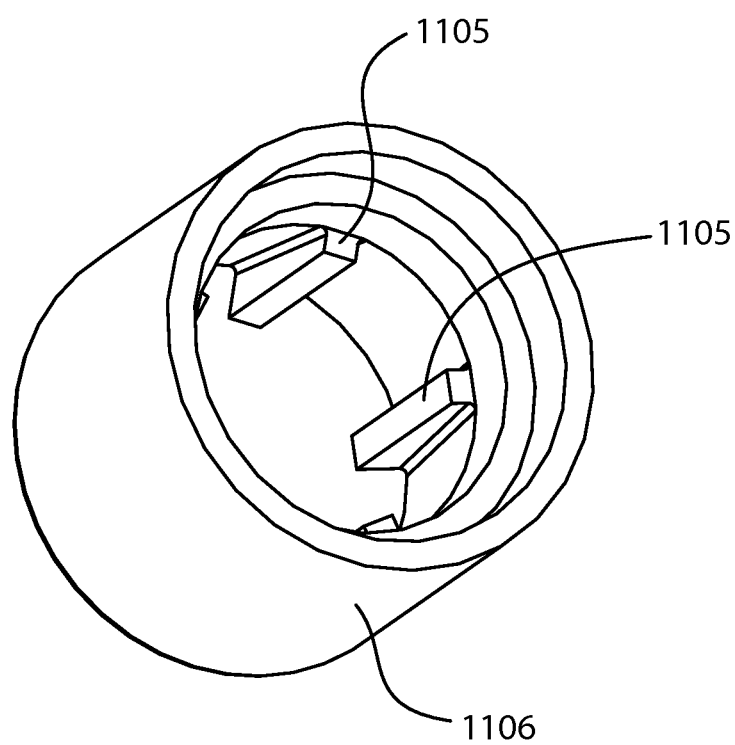


Fig. 33

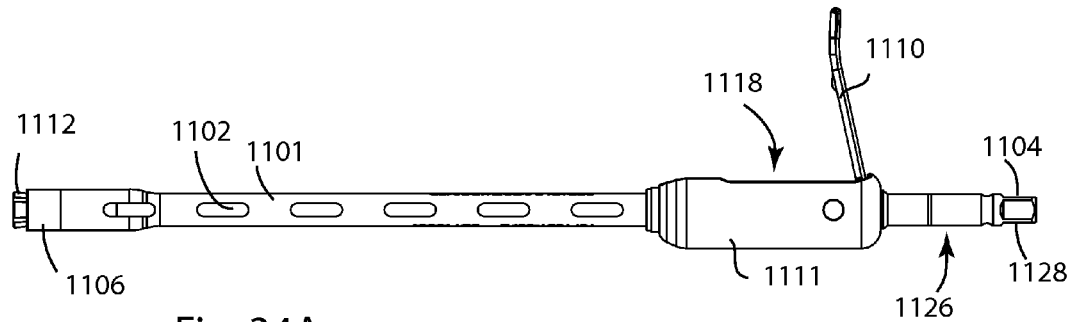


Fig. 34A

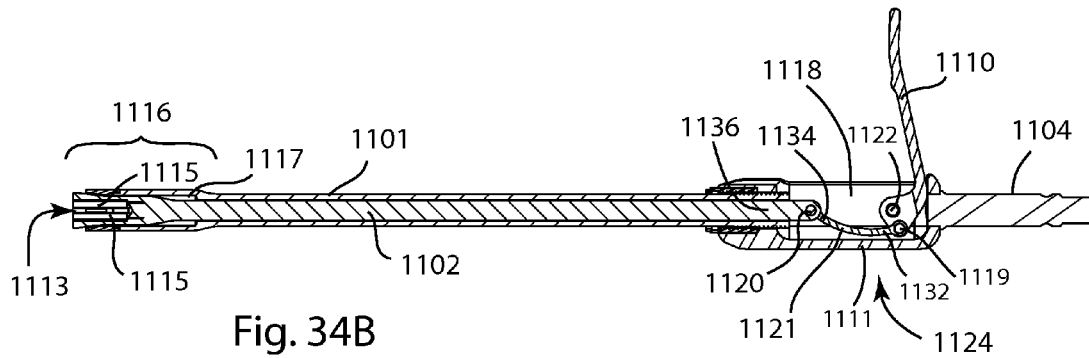


Fig. 34B

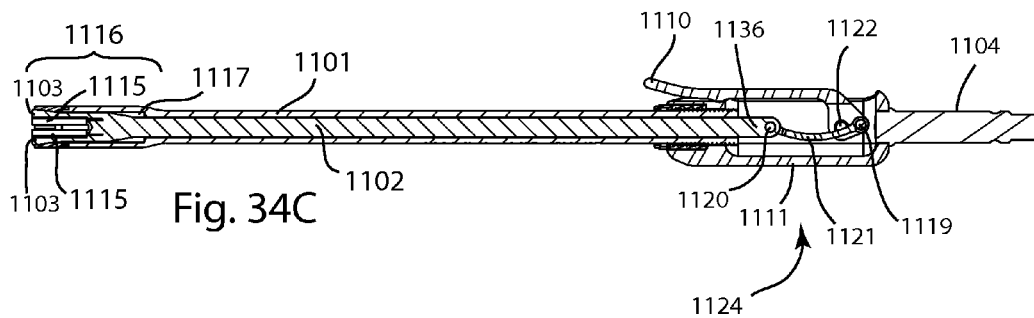


Fig. 34C

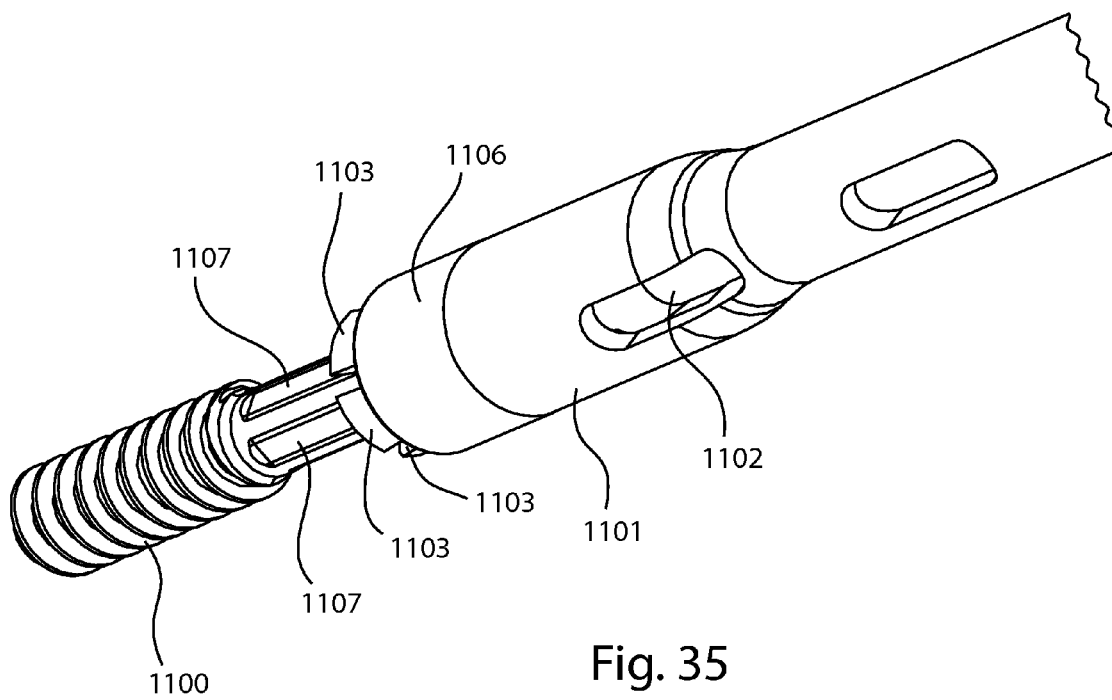


Fig. 35

Fig. 36A

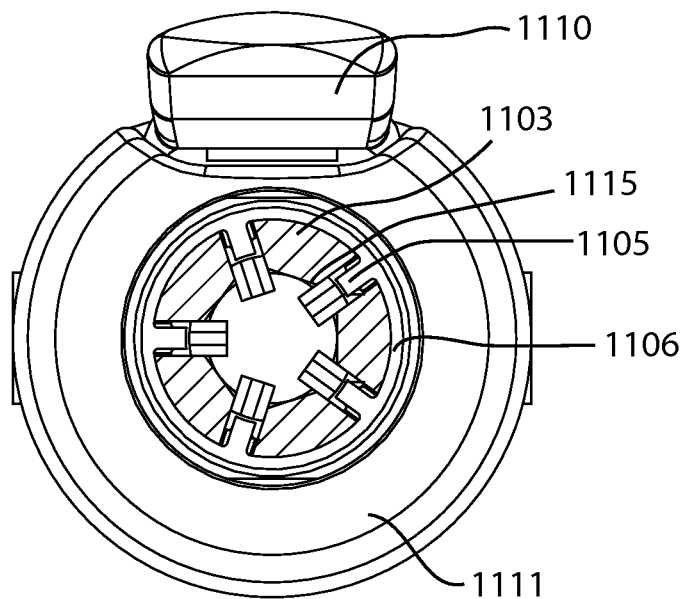
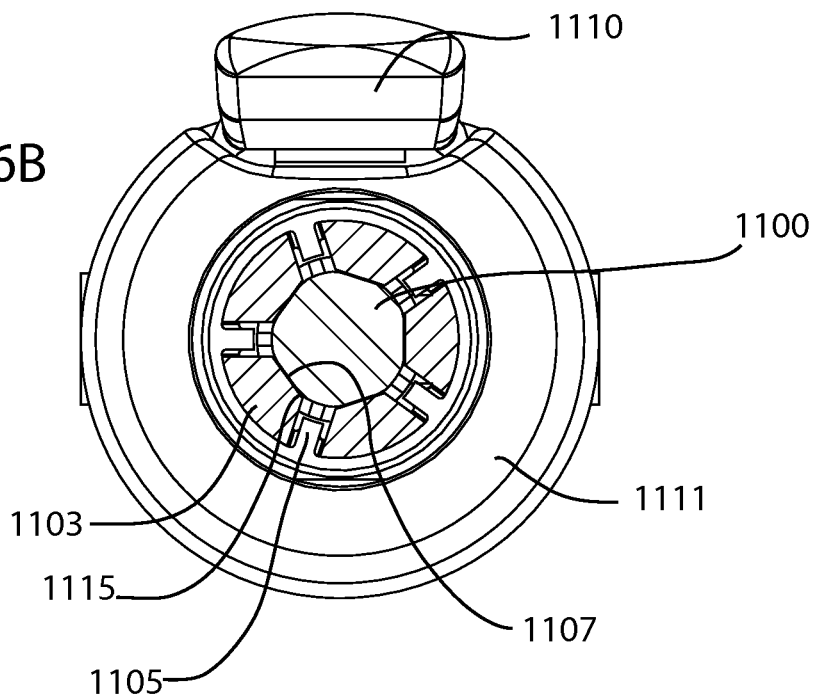


Fig. 36B



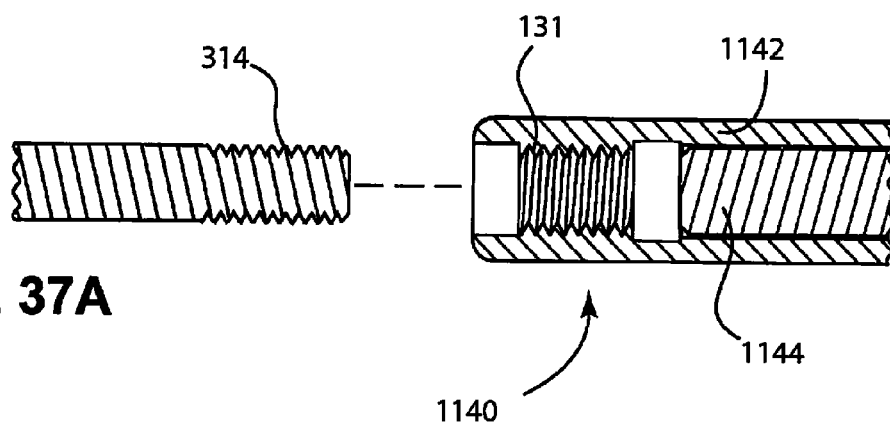


FIG. 37A

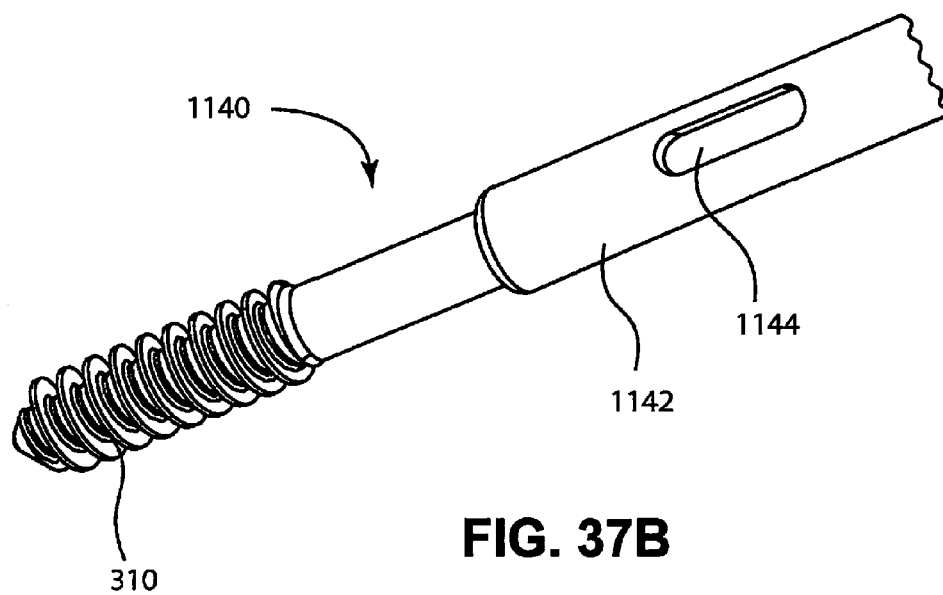
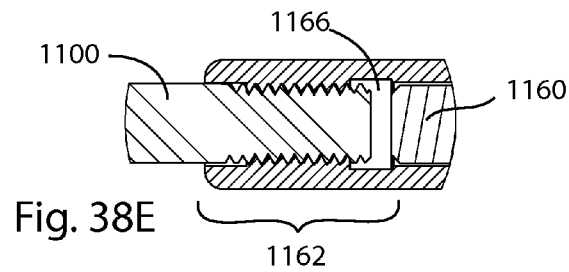
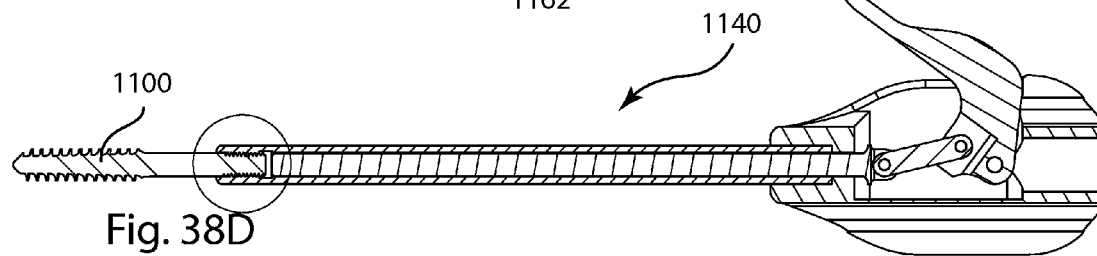
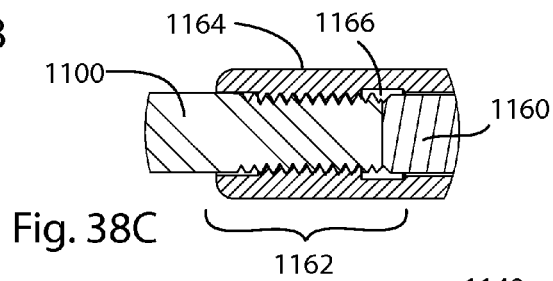
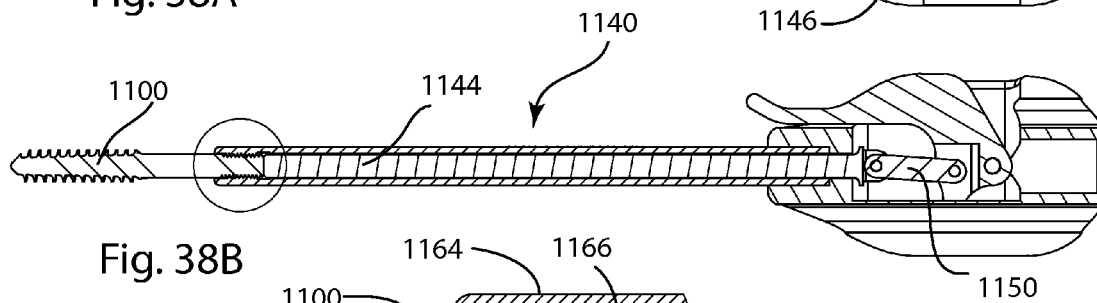
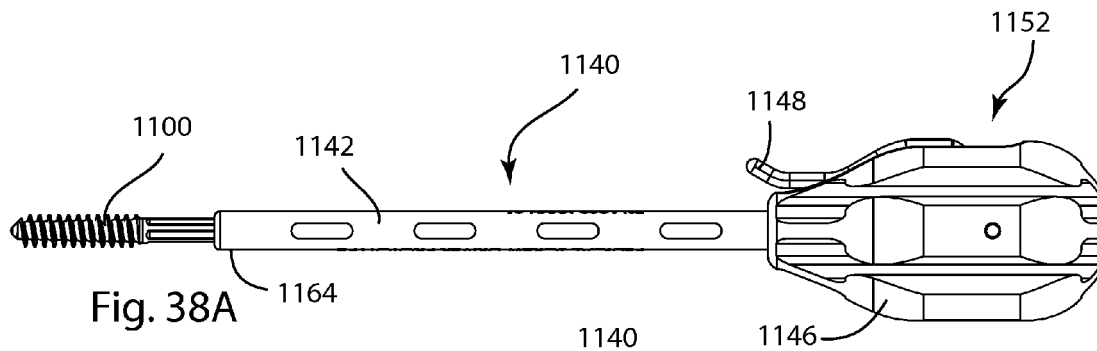
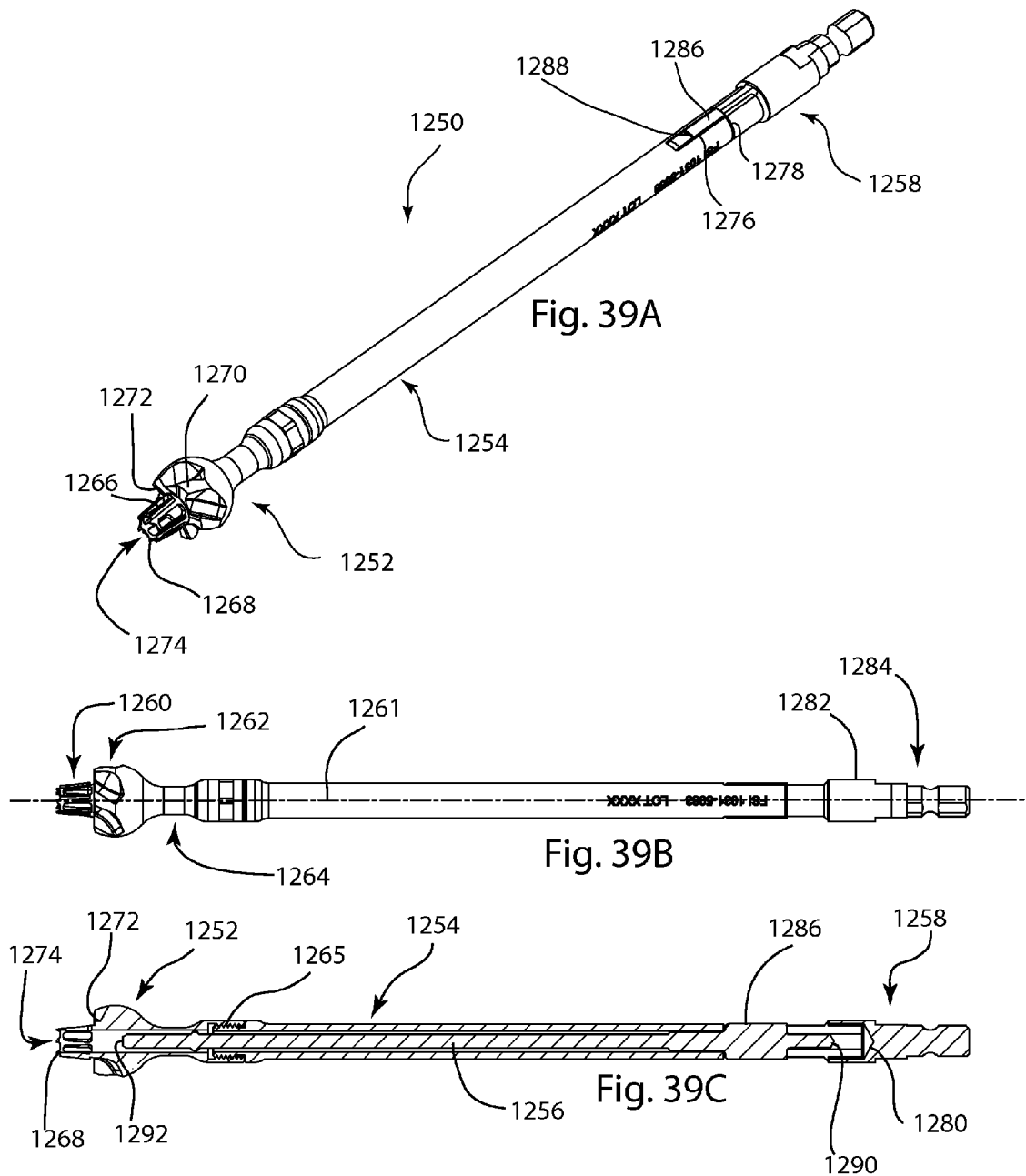
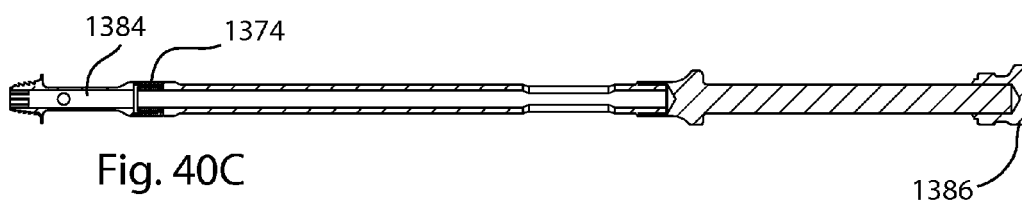
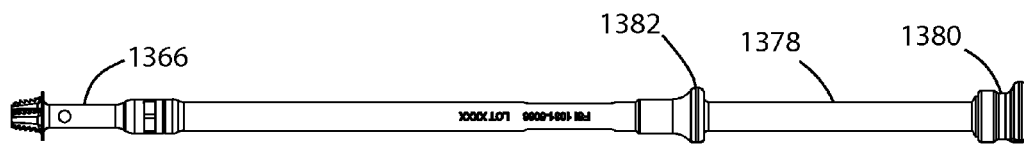
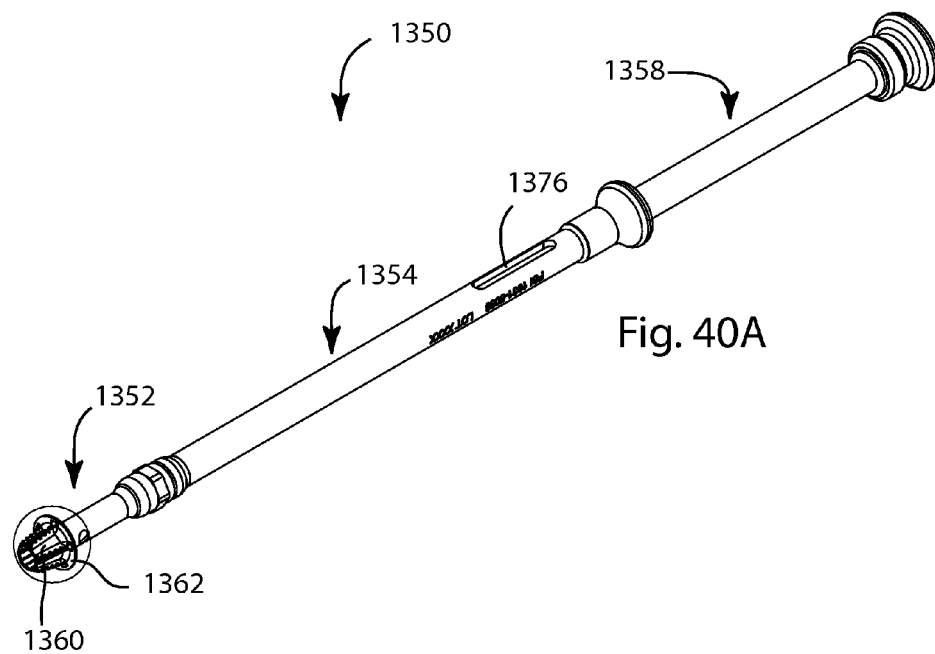


FIG. 37B







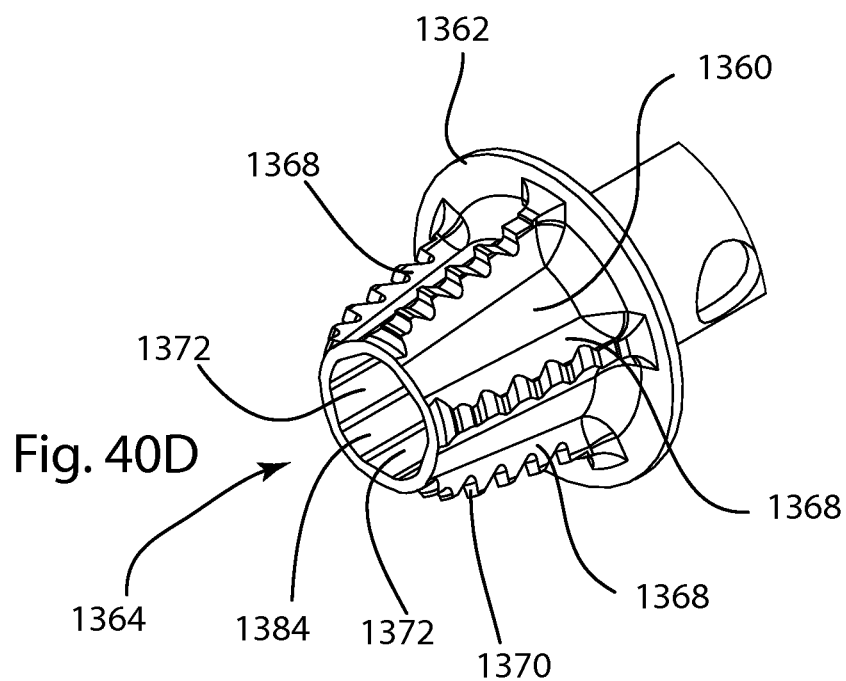
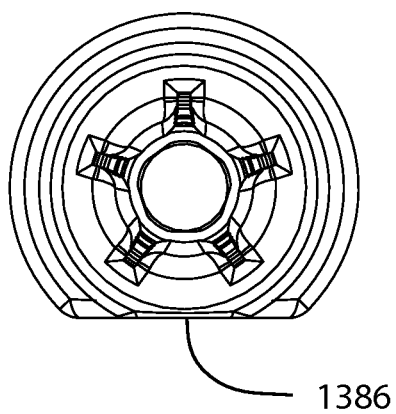
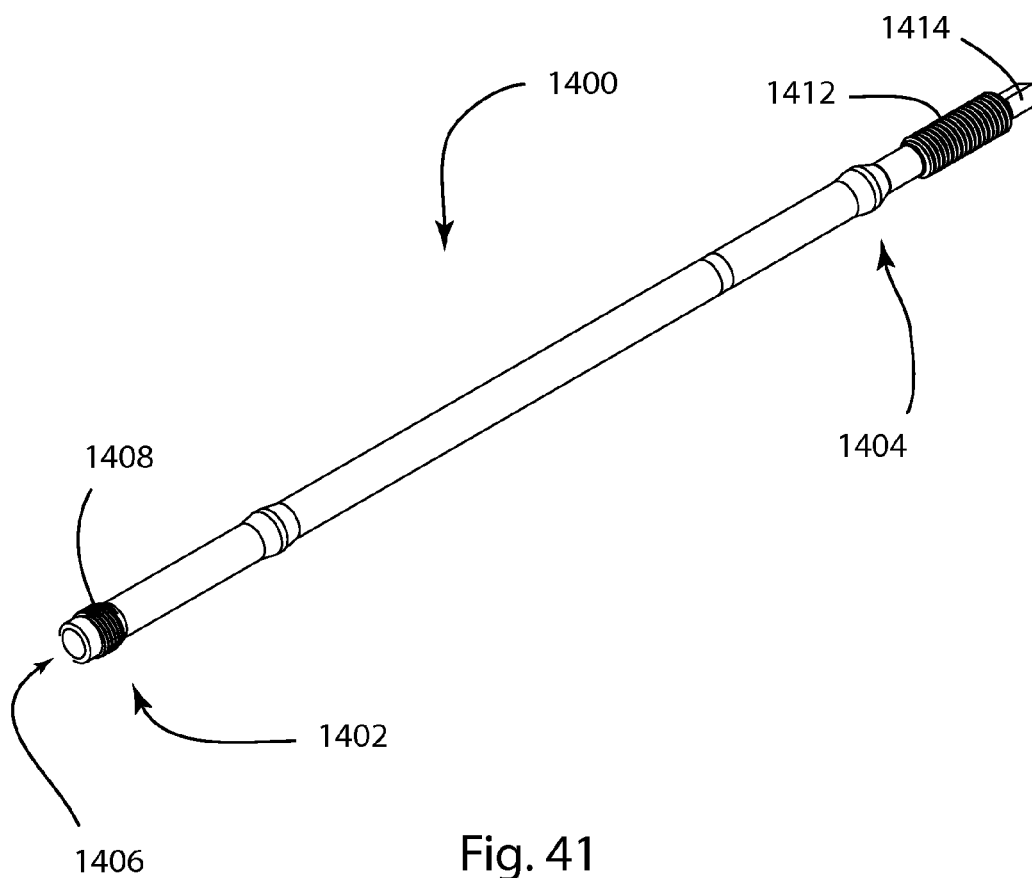


Fig. 40E





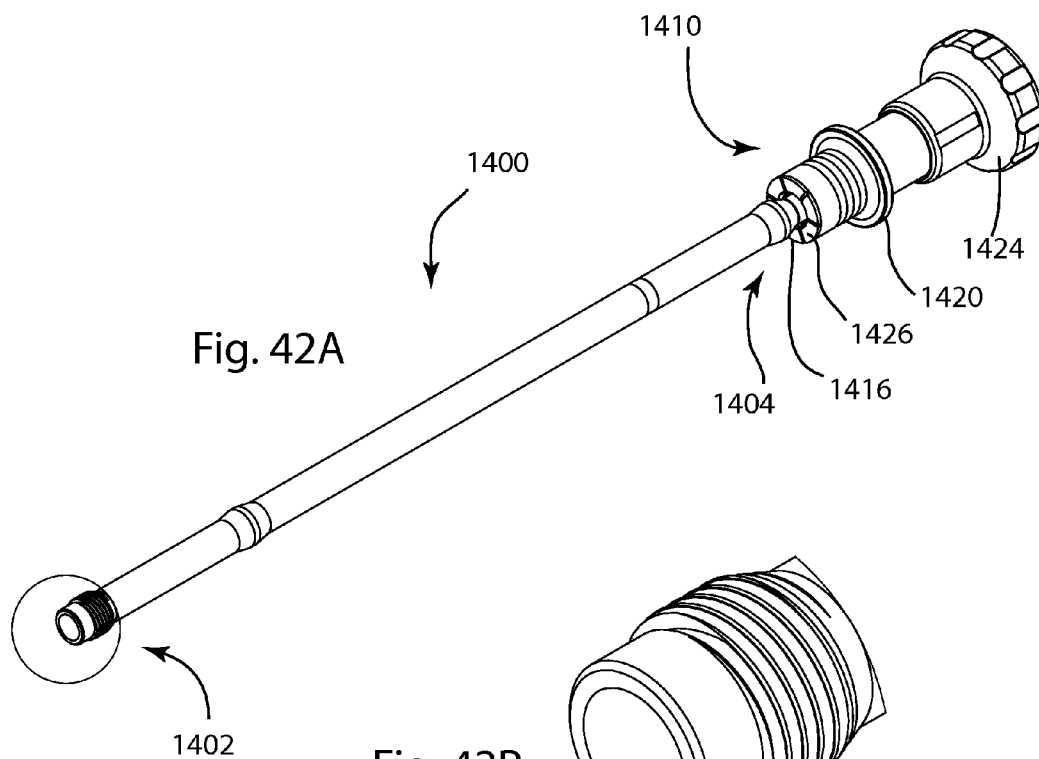
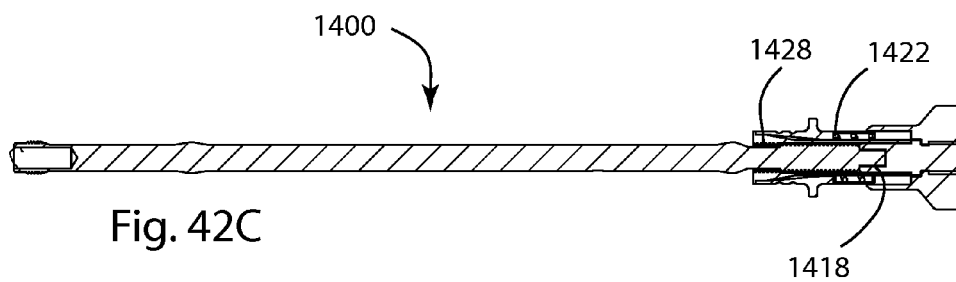
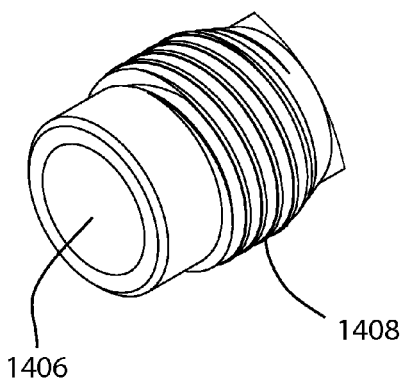


Fig. 42B



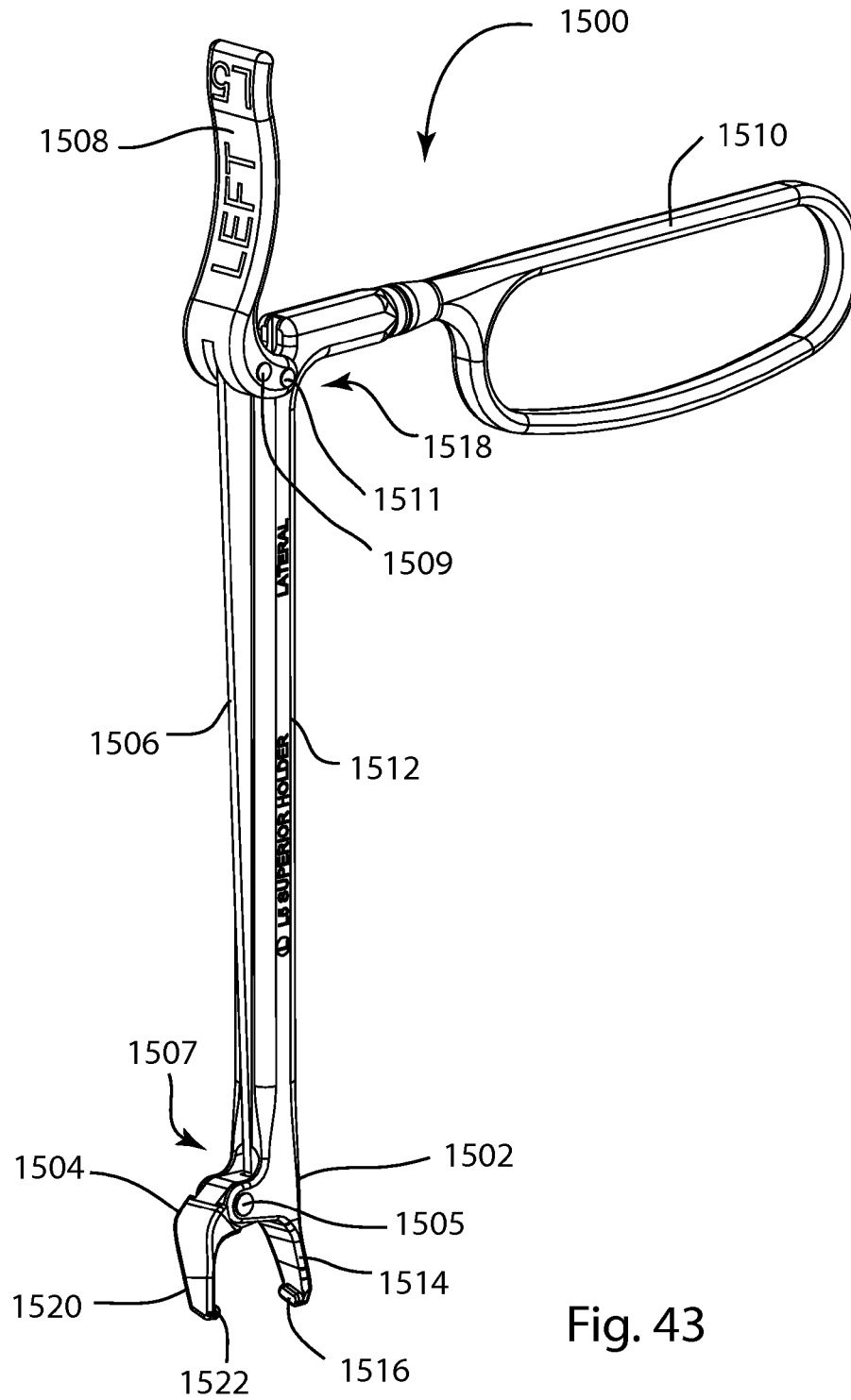


Fig. 43

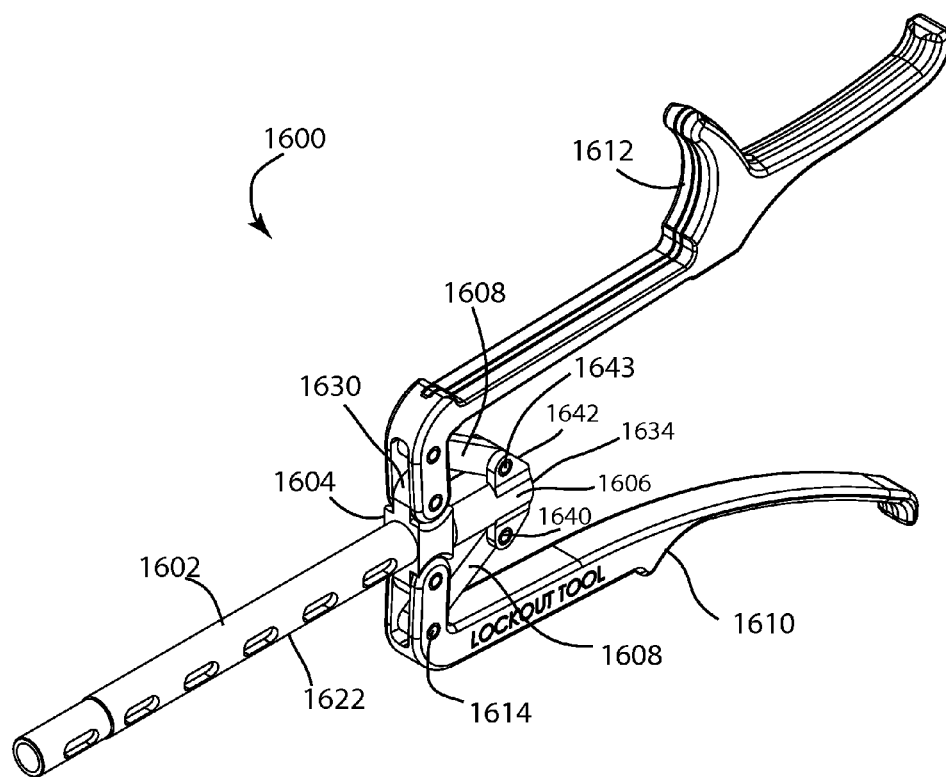


Fig. 44A

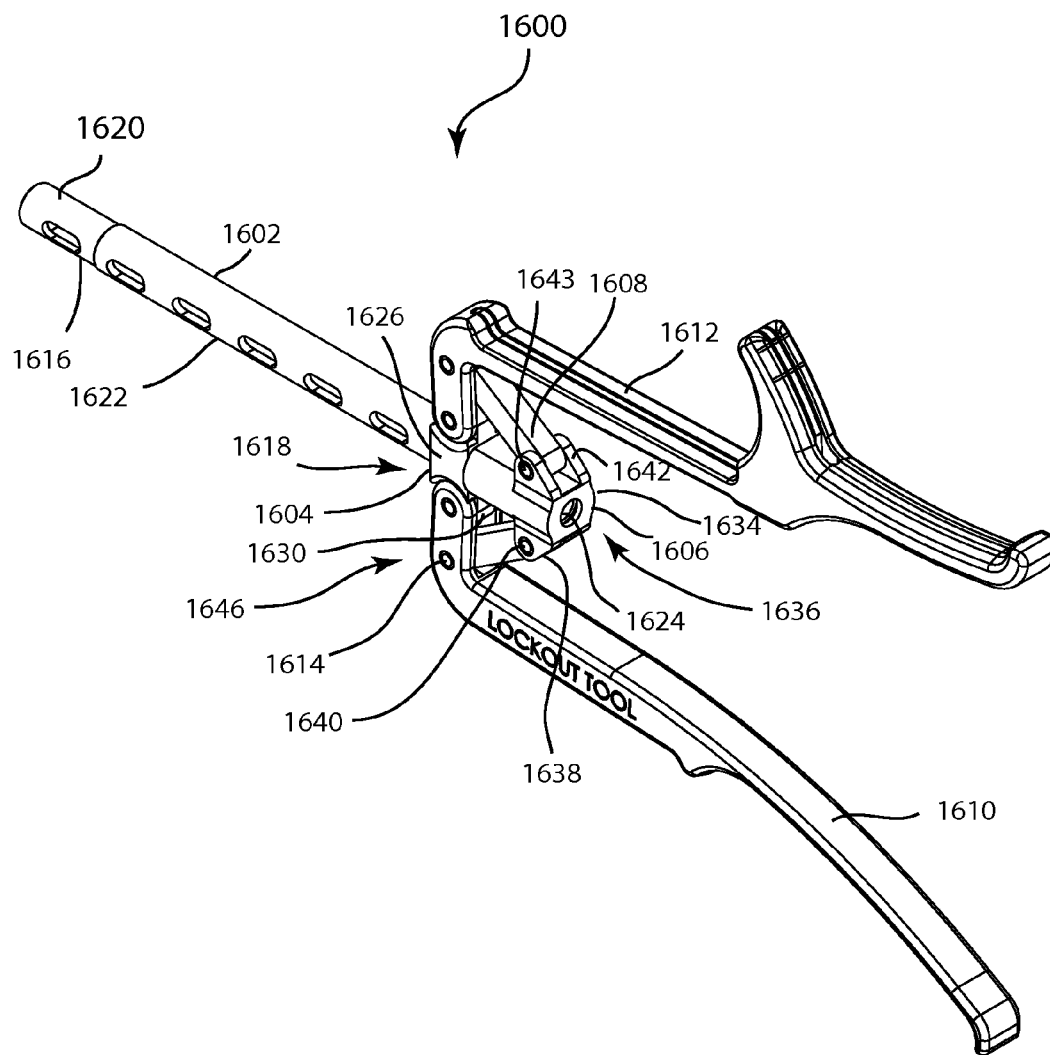


Fig. 44B

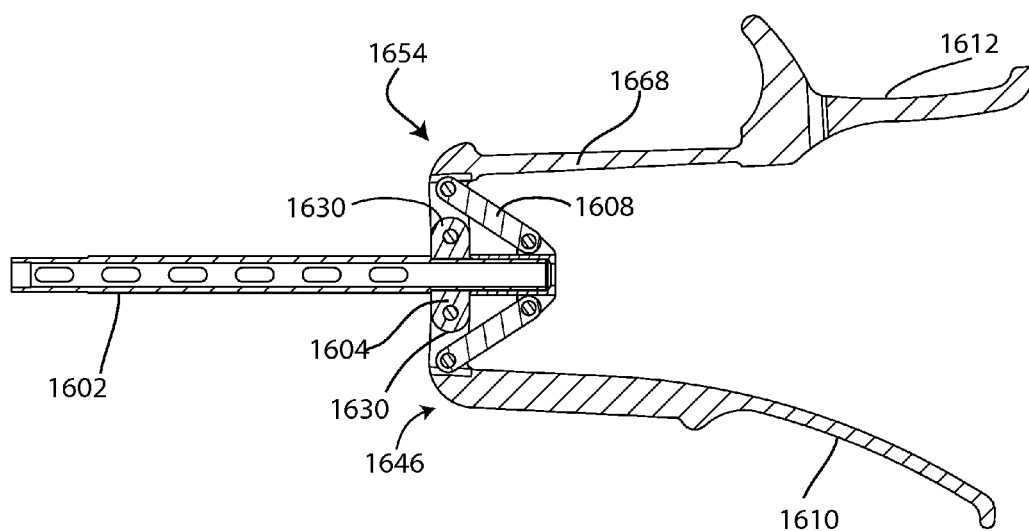
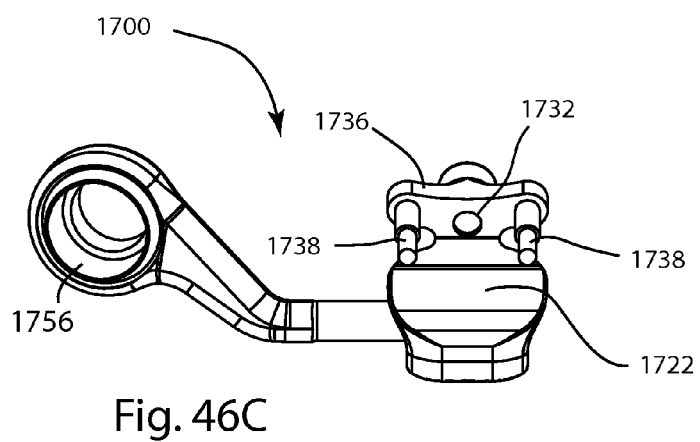
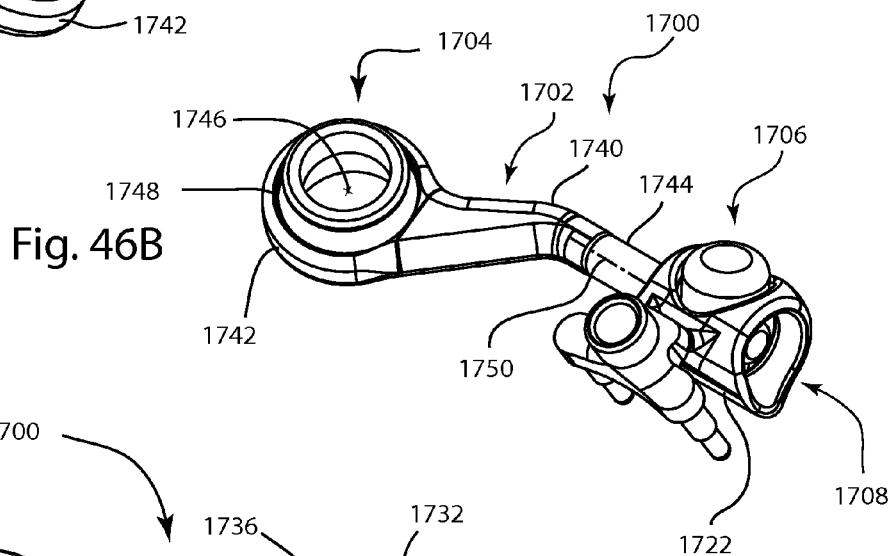
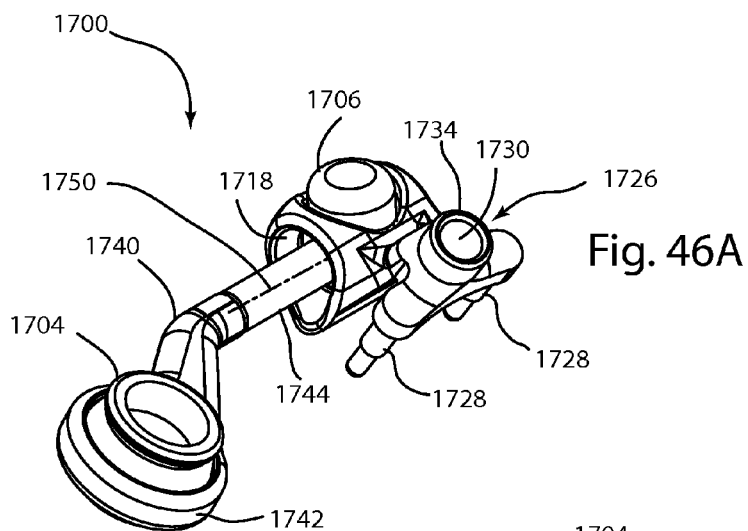


FIG. 45



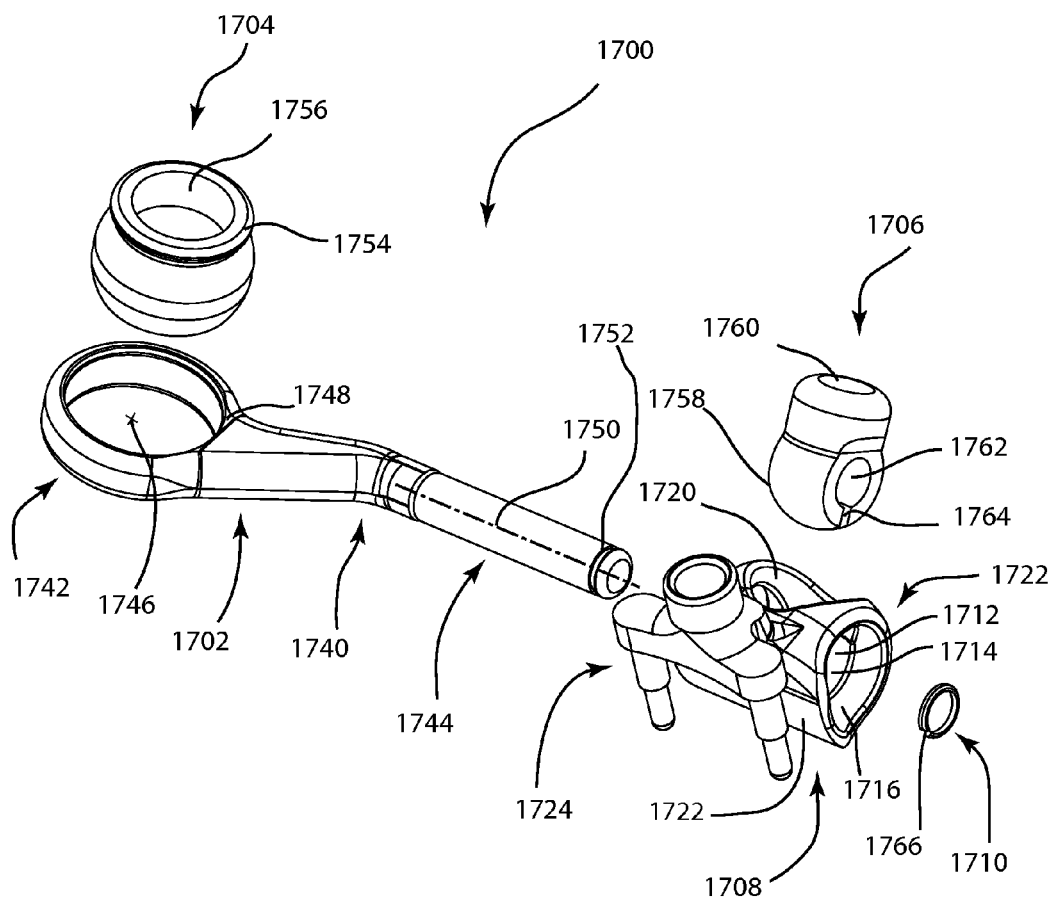
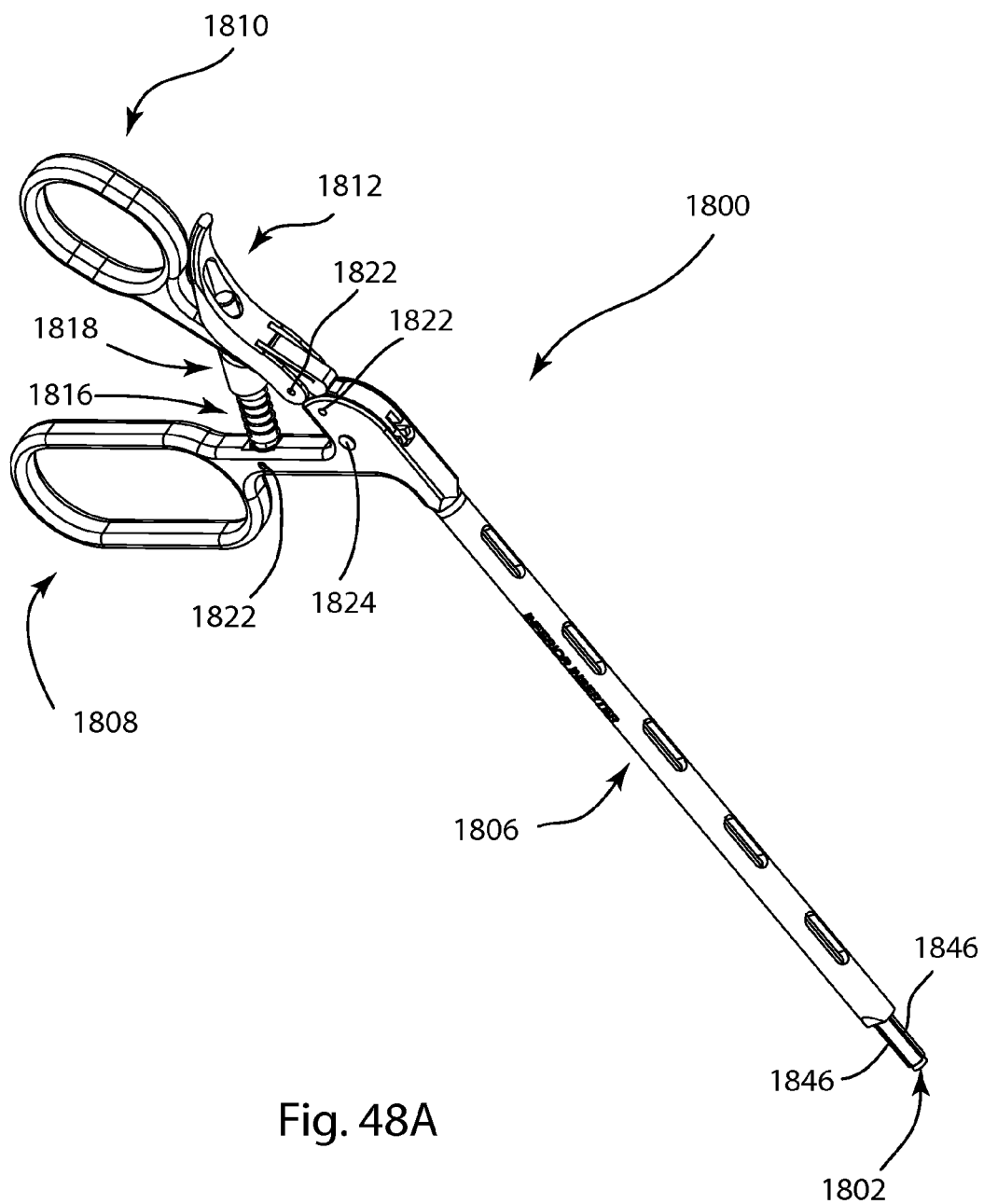


Fig. 47



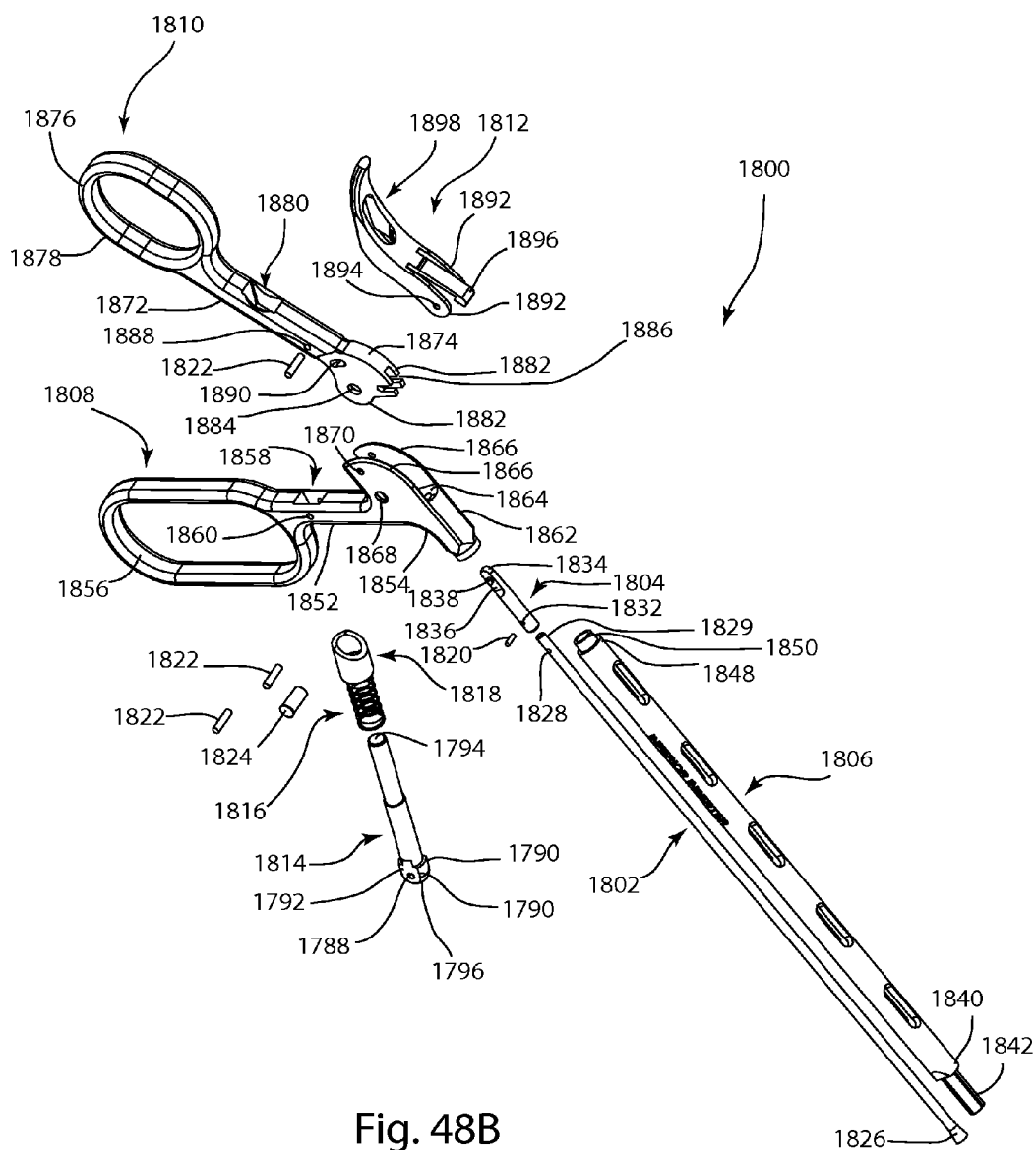


Fig. 48B

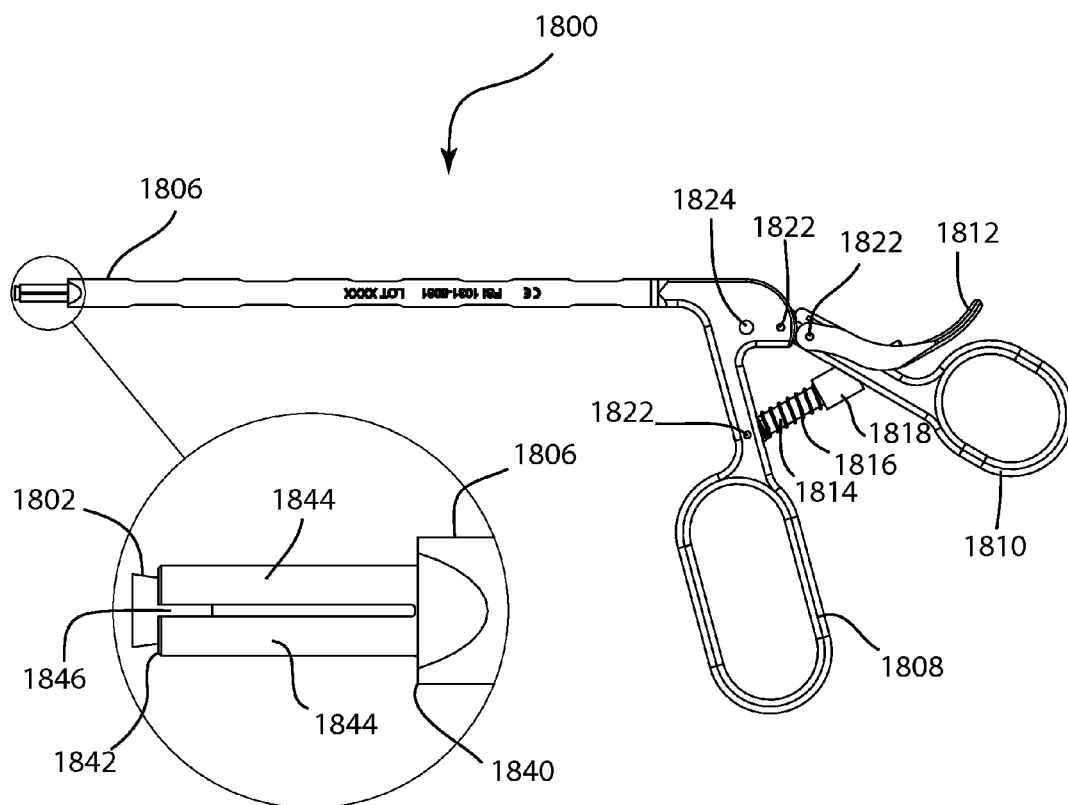


Fig. 49A

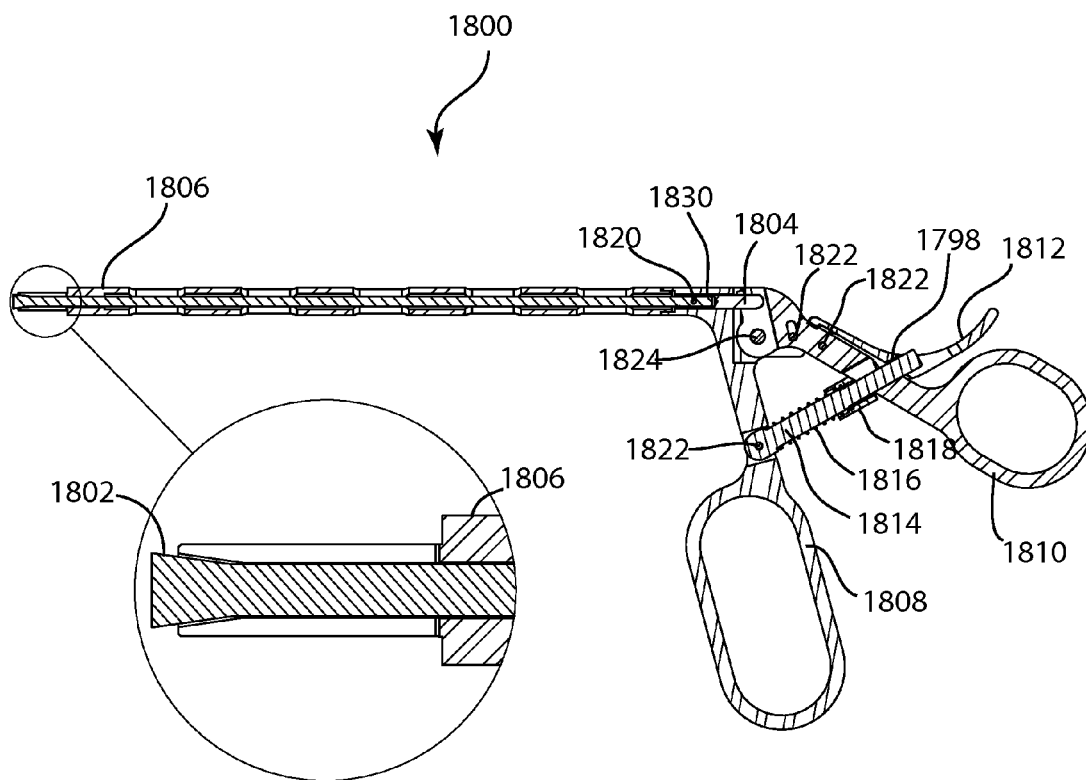


Fig. 49B

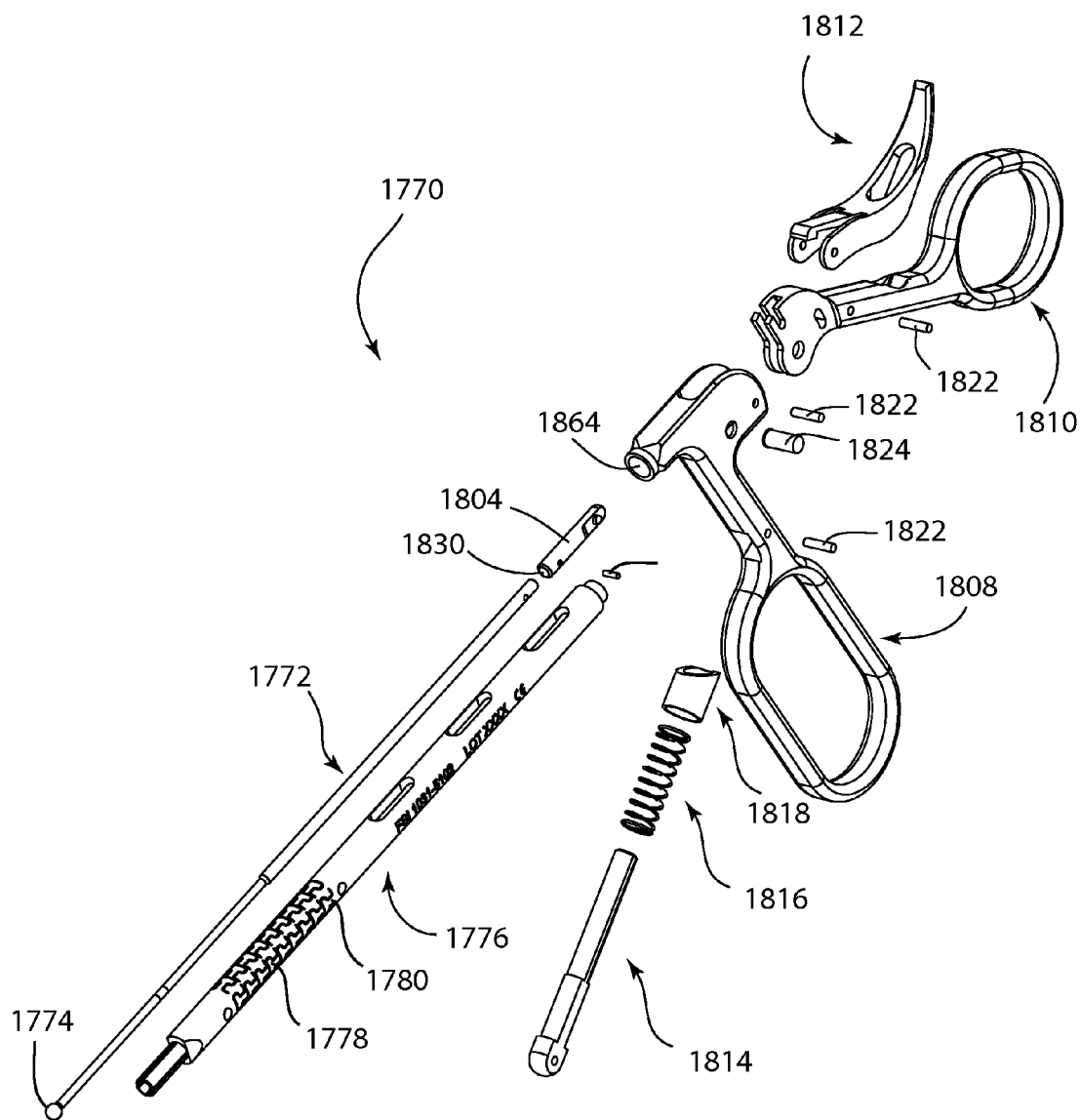
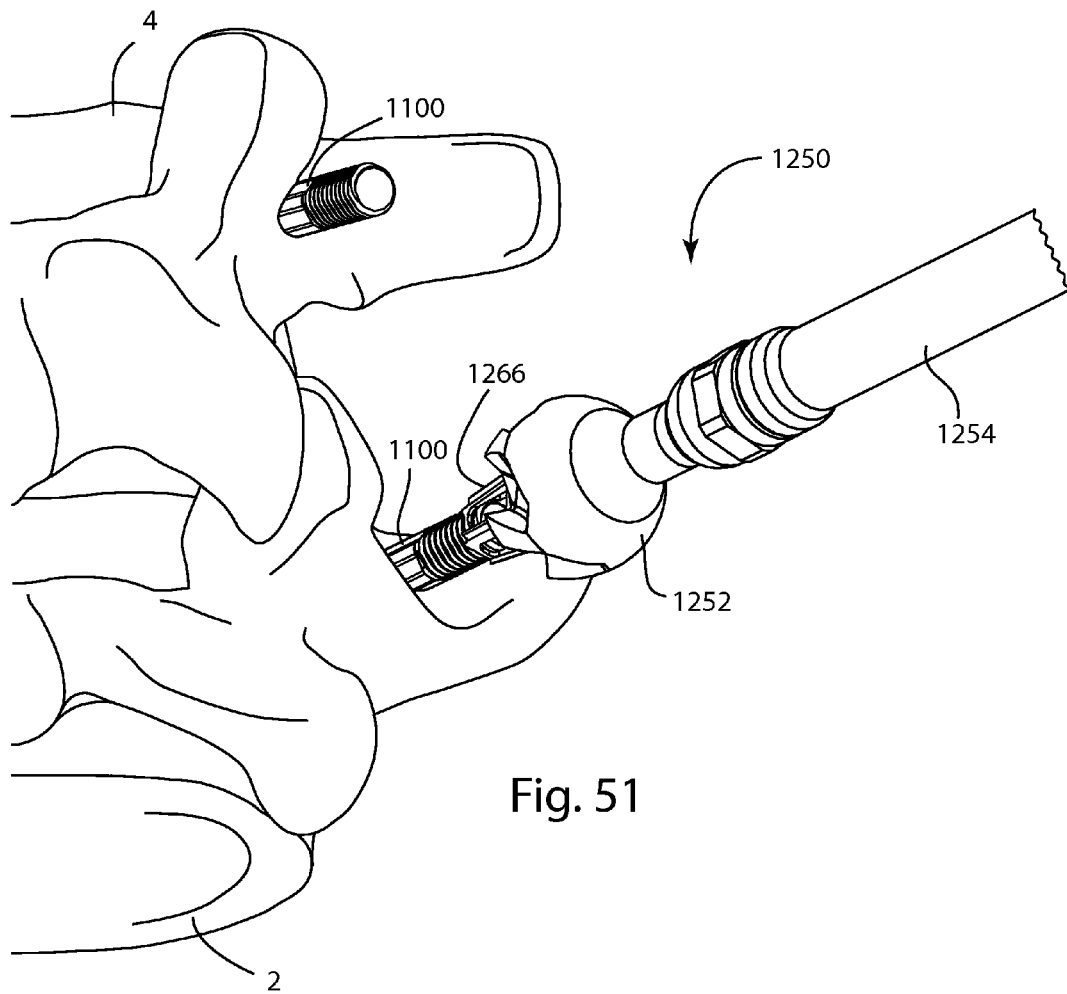


Fig. 50



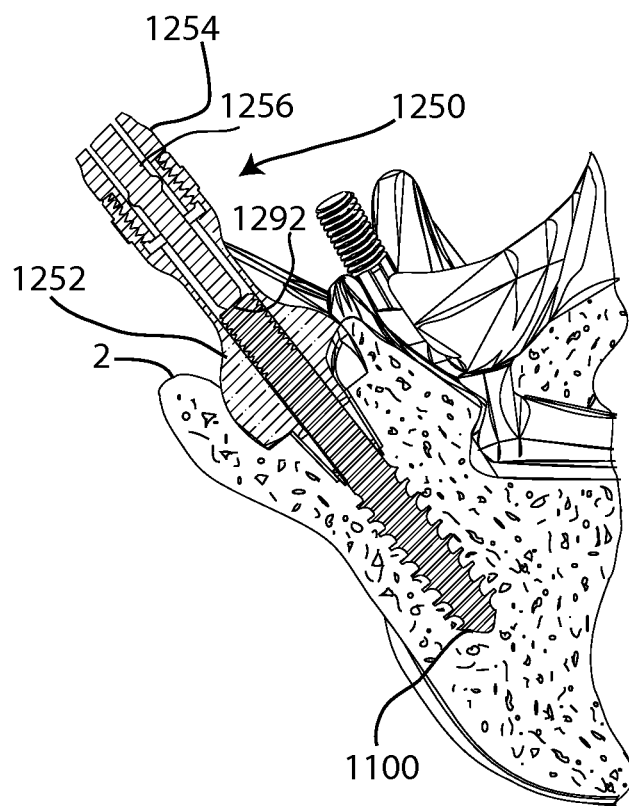
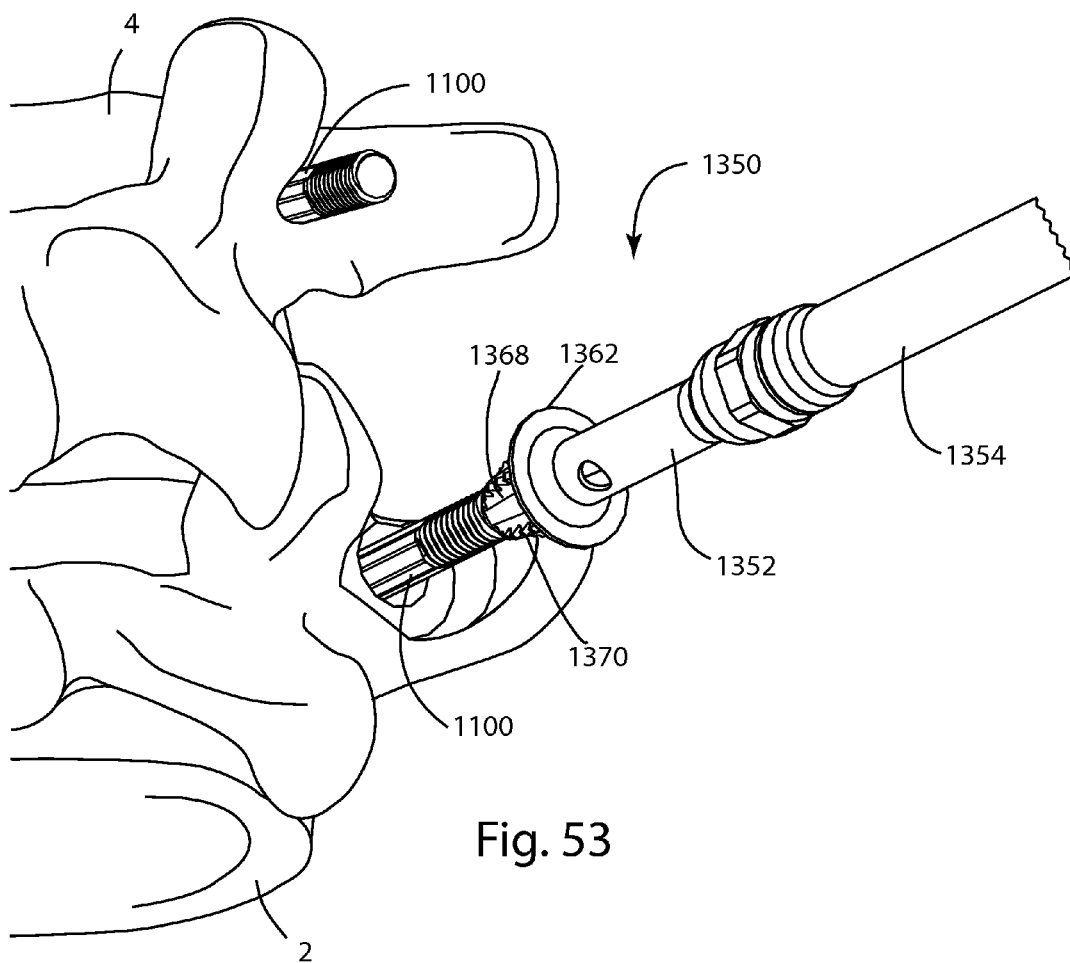


FIG. 52



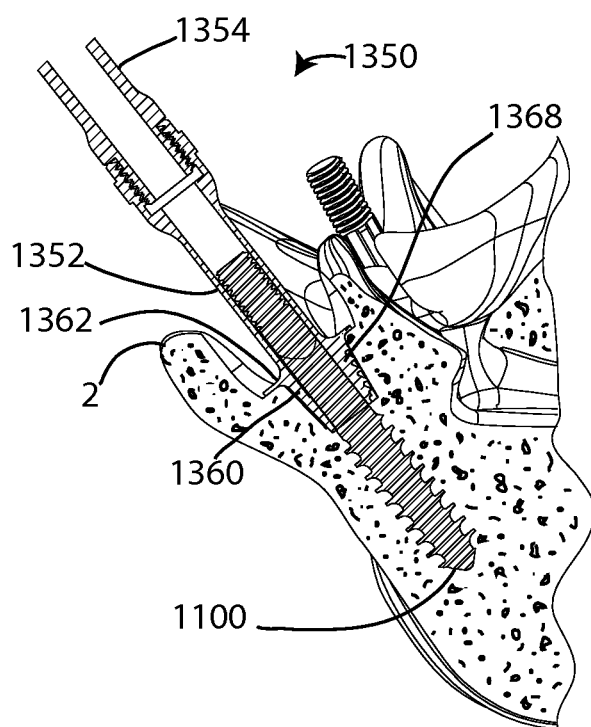


FIG. 54

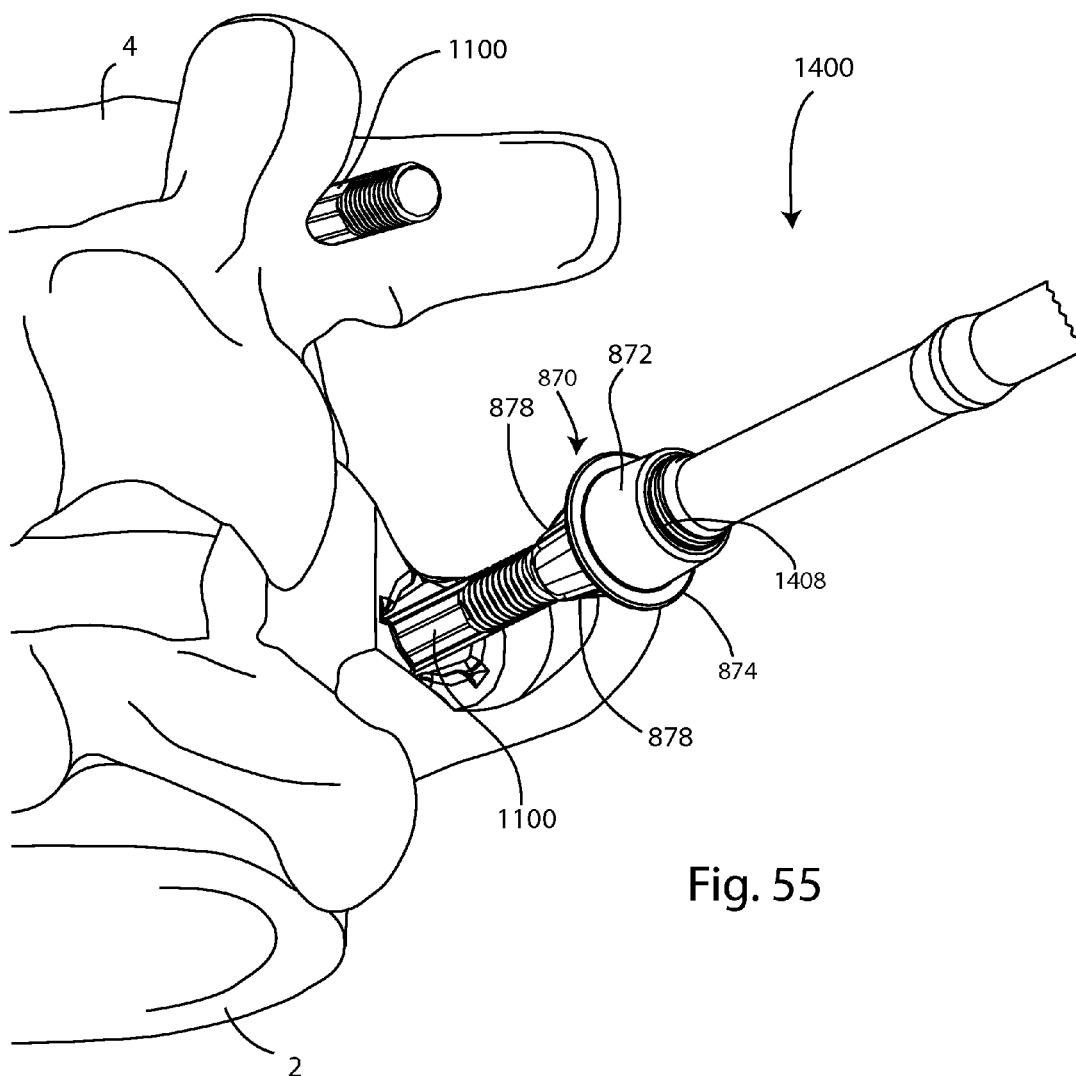


Fig. 55

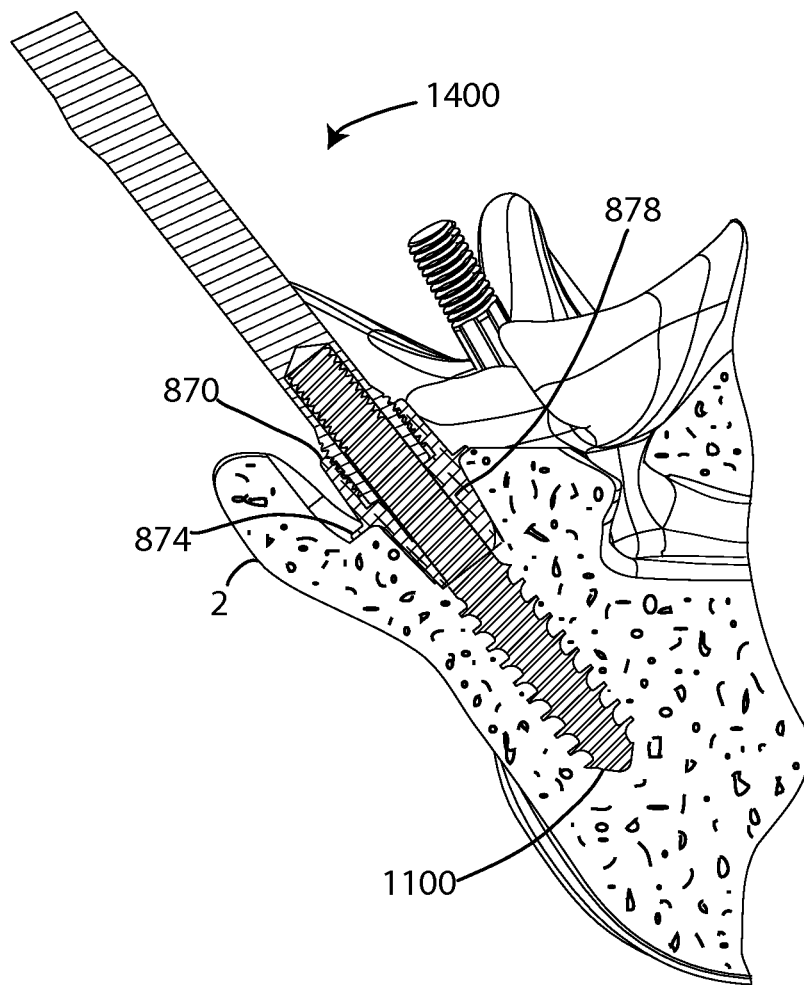
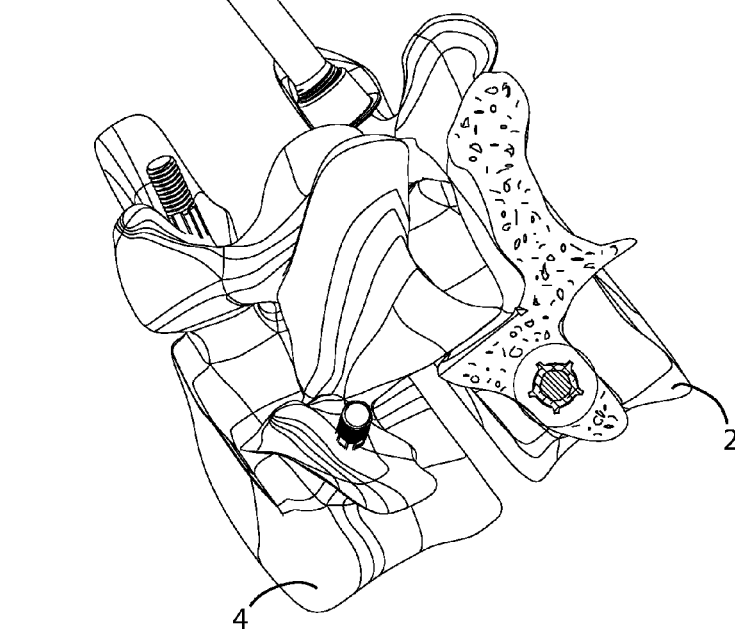
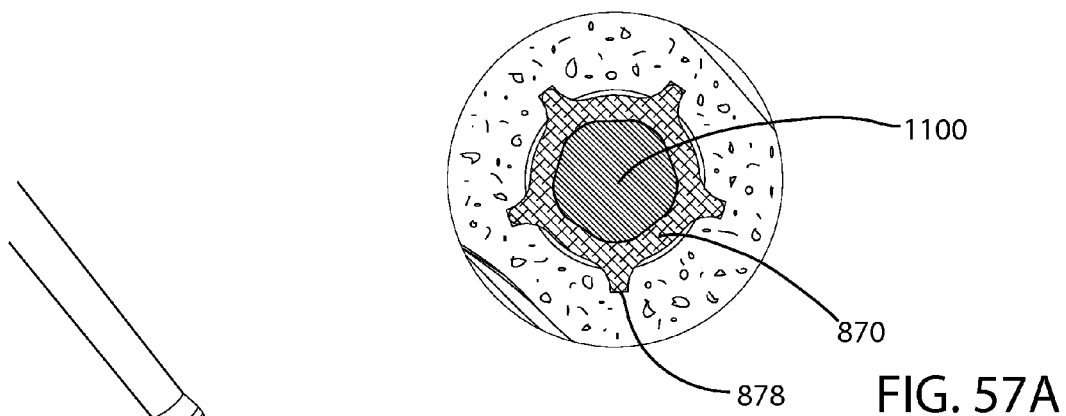


FIG. 56



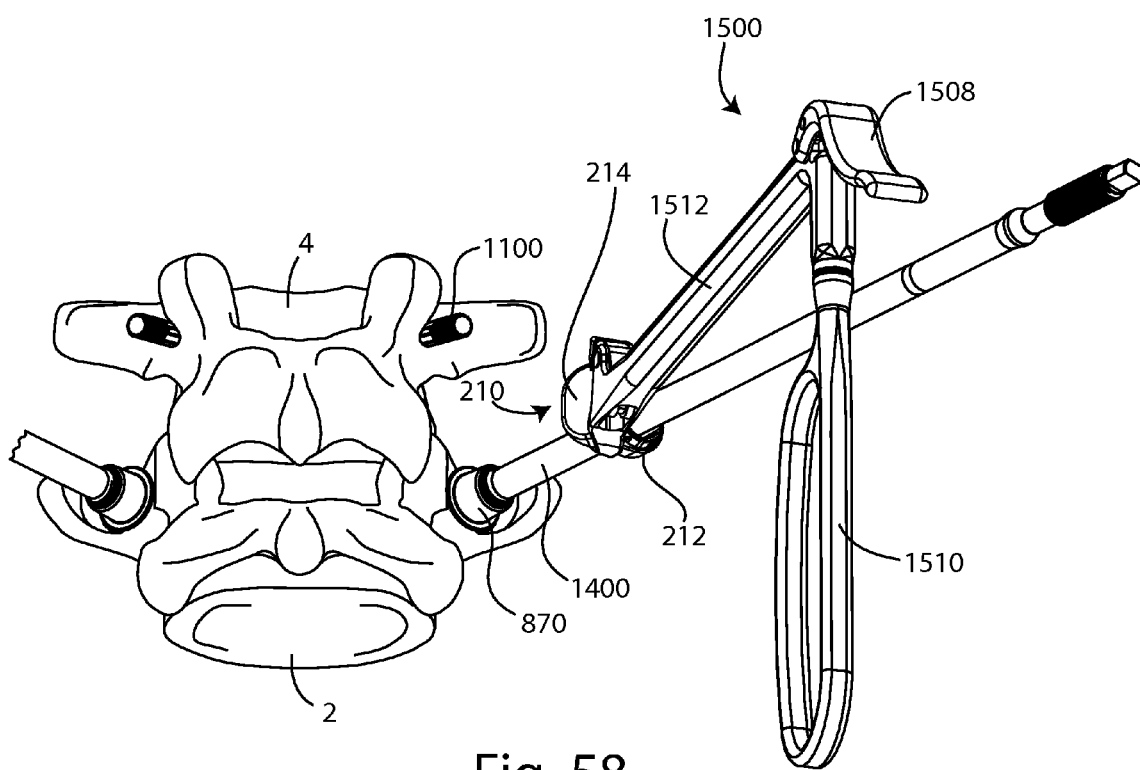


Fig. 58

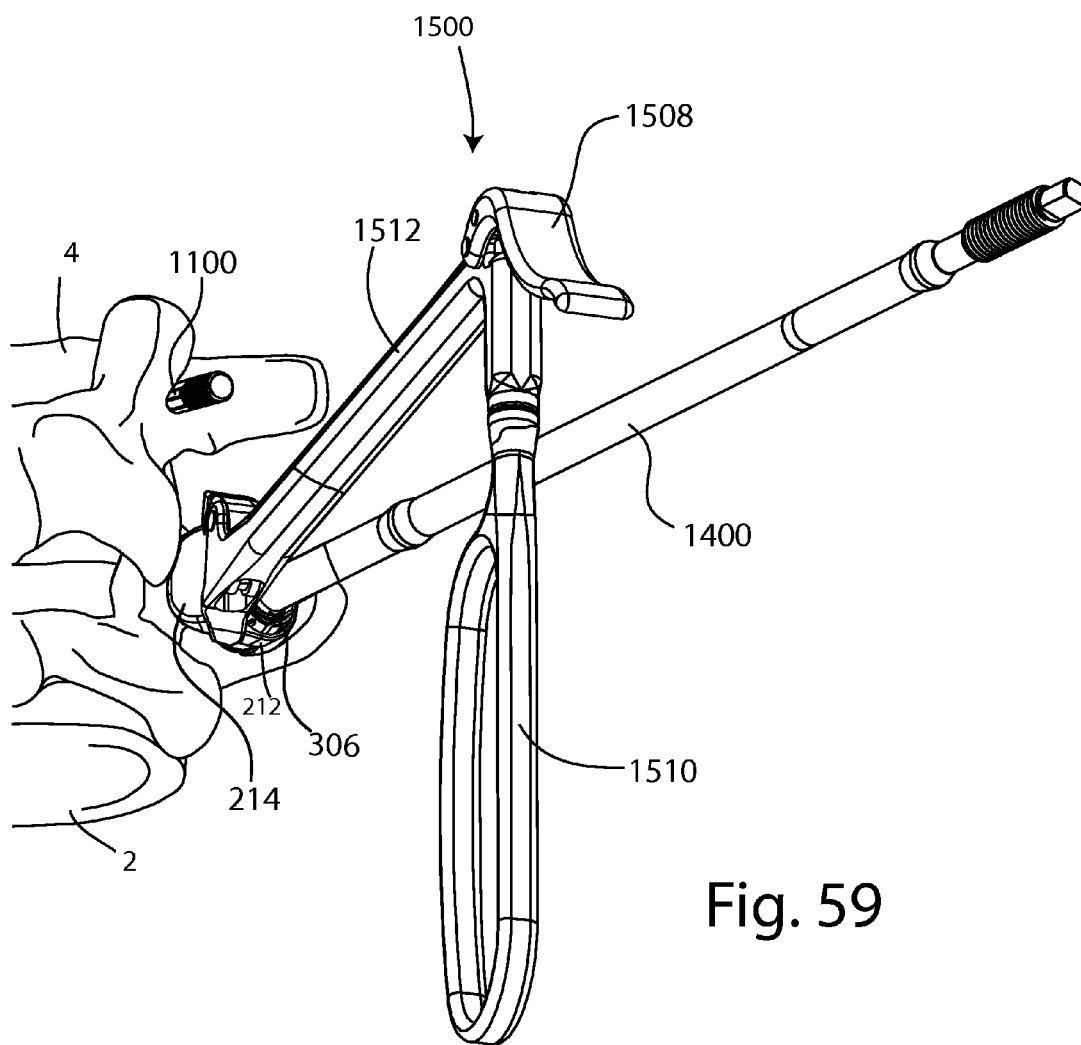


Fig. 59

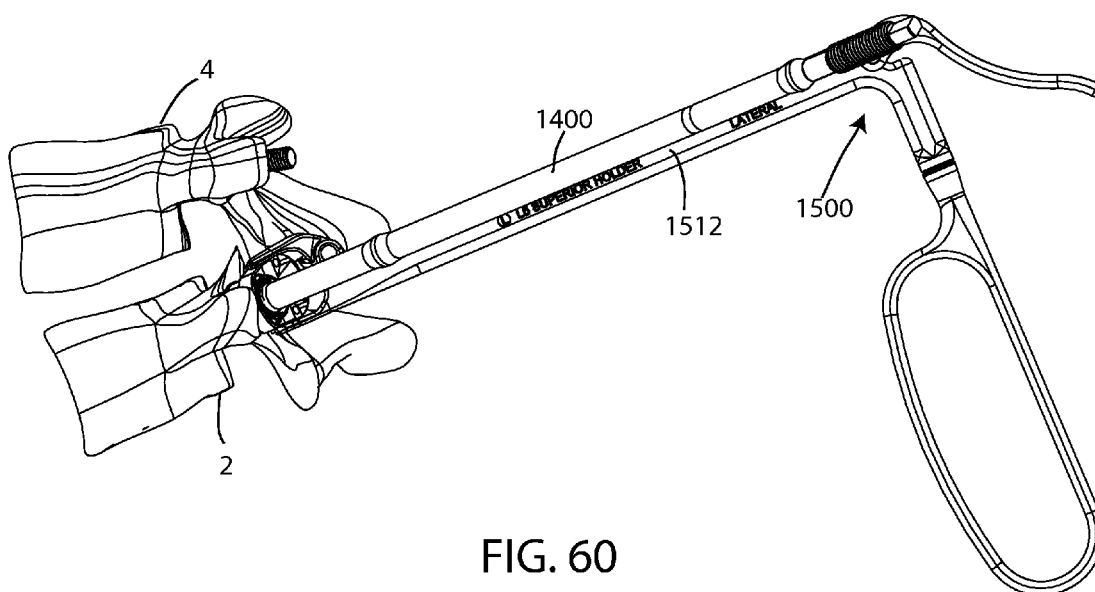


FIG. 60

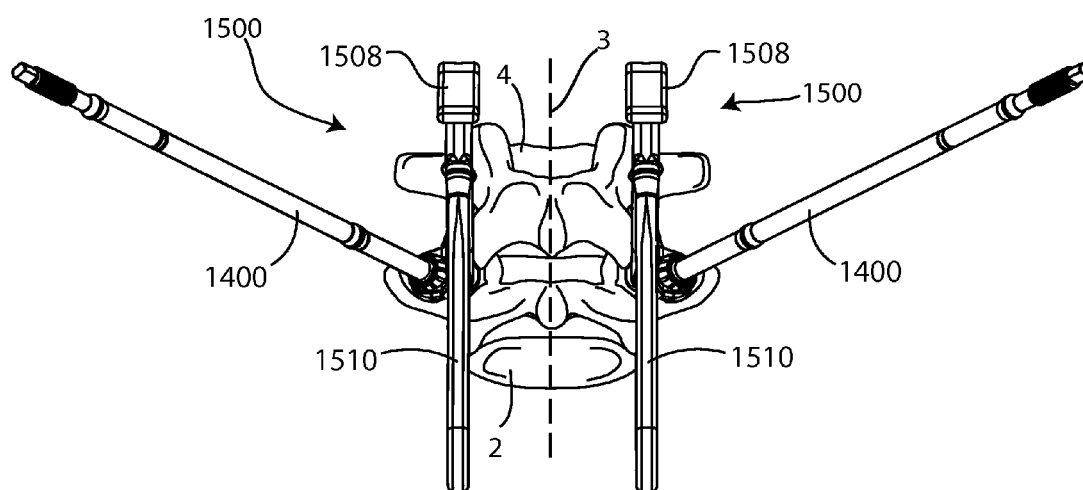
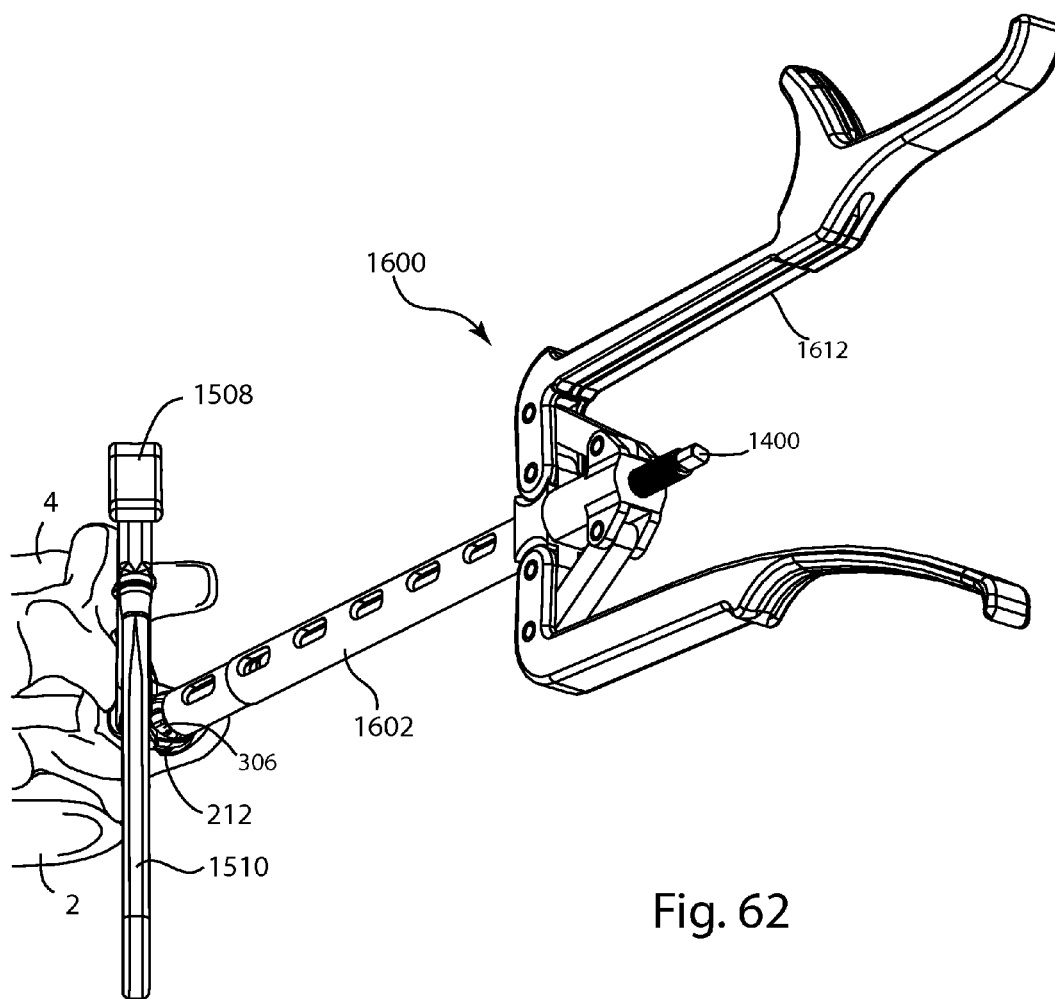
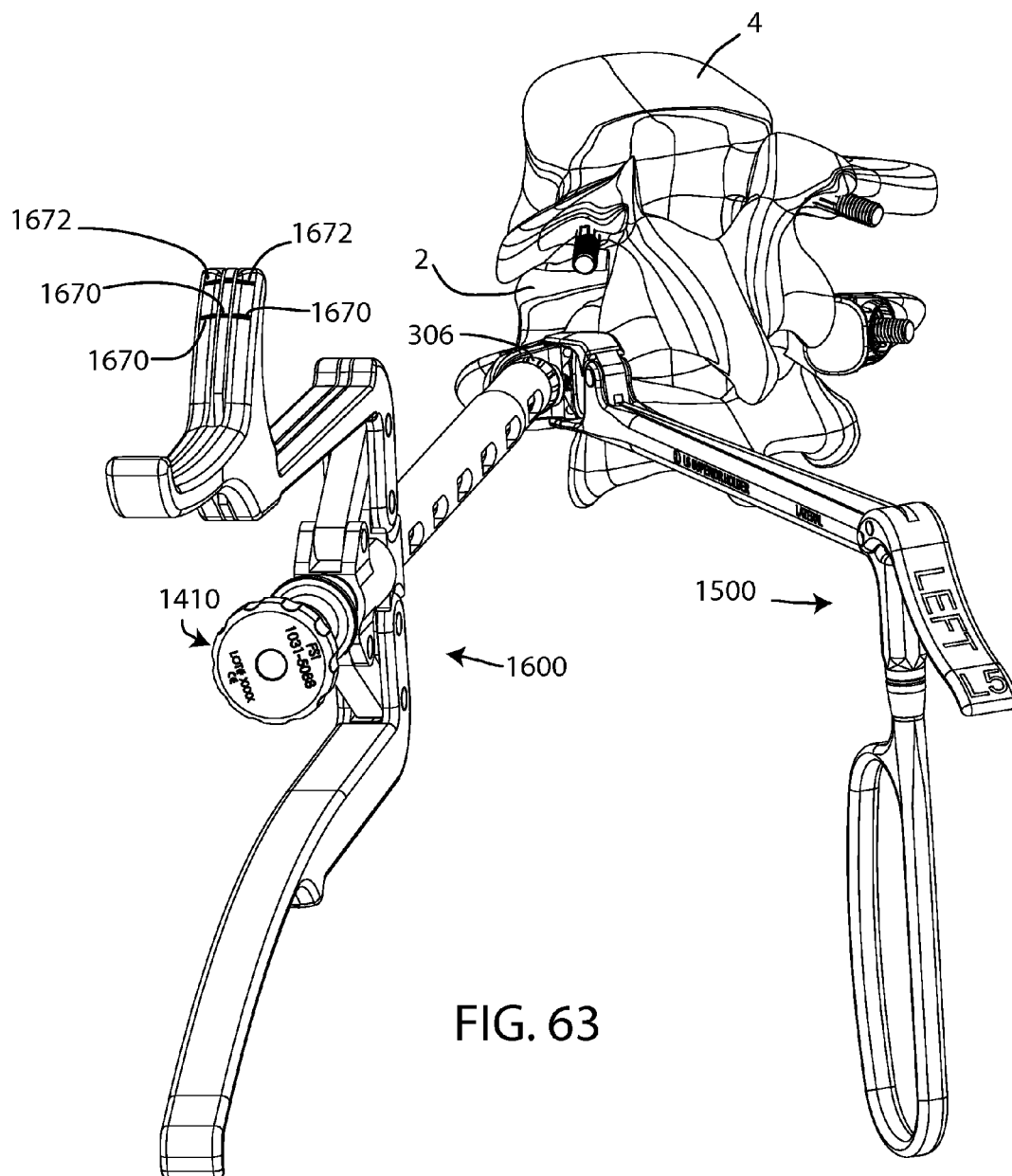


Fig. 61





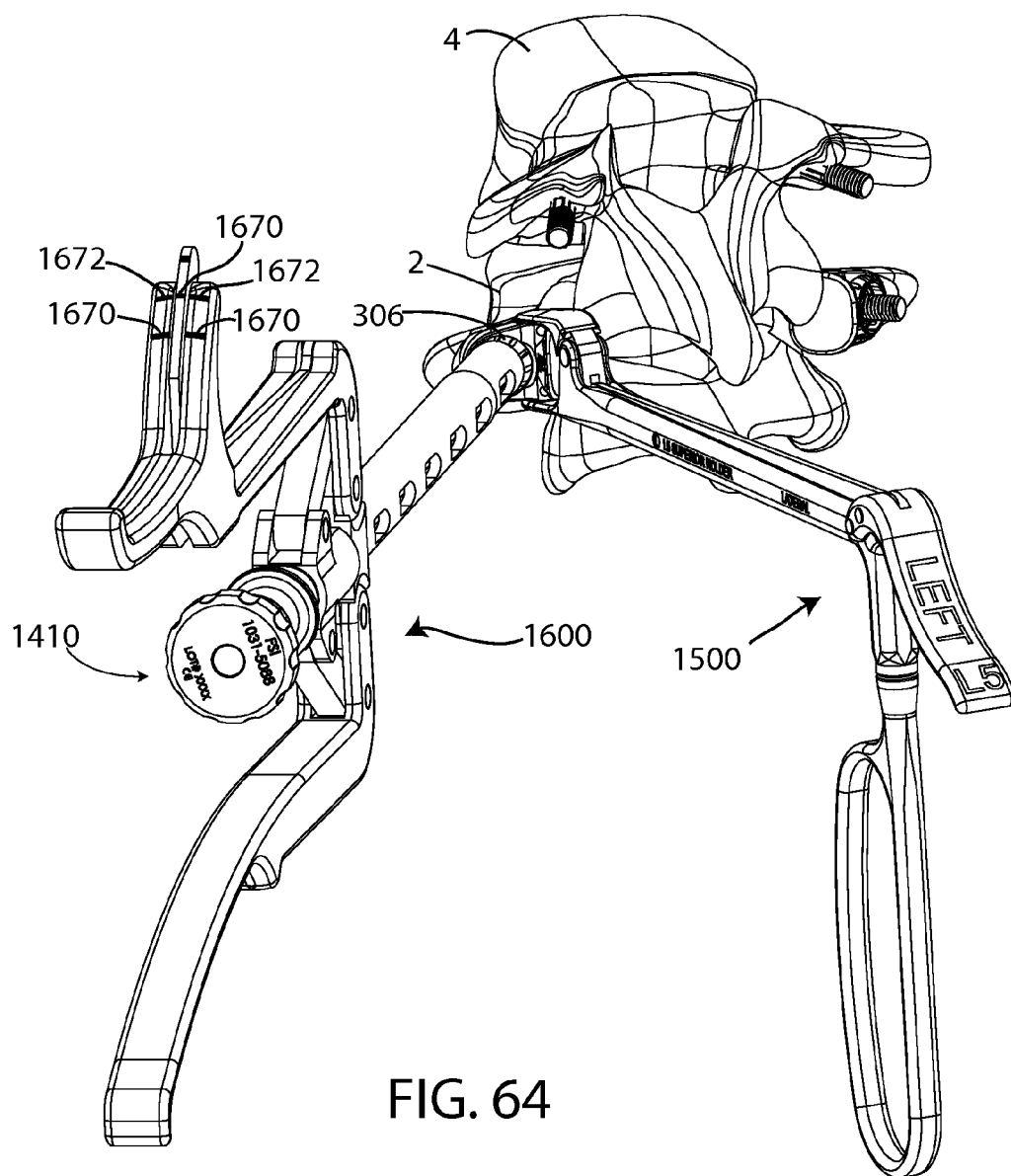
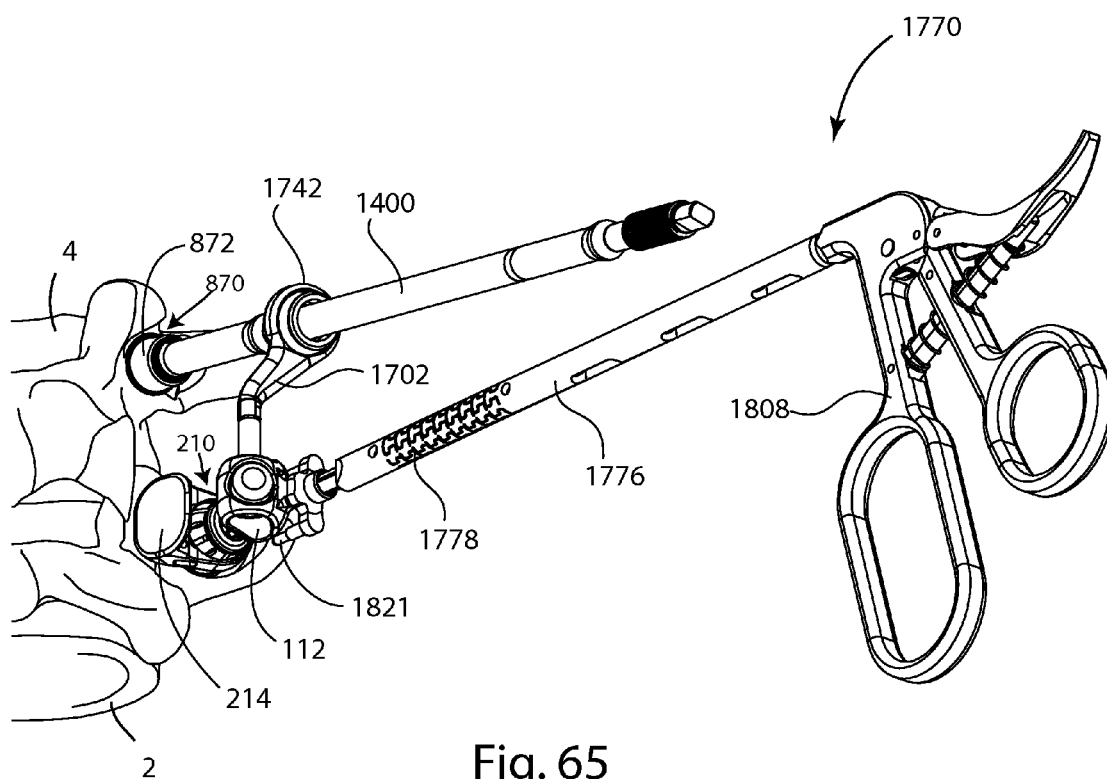


FIG. 64



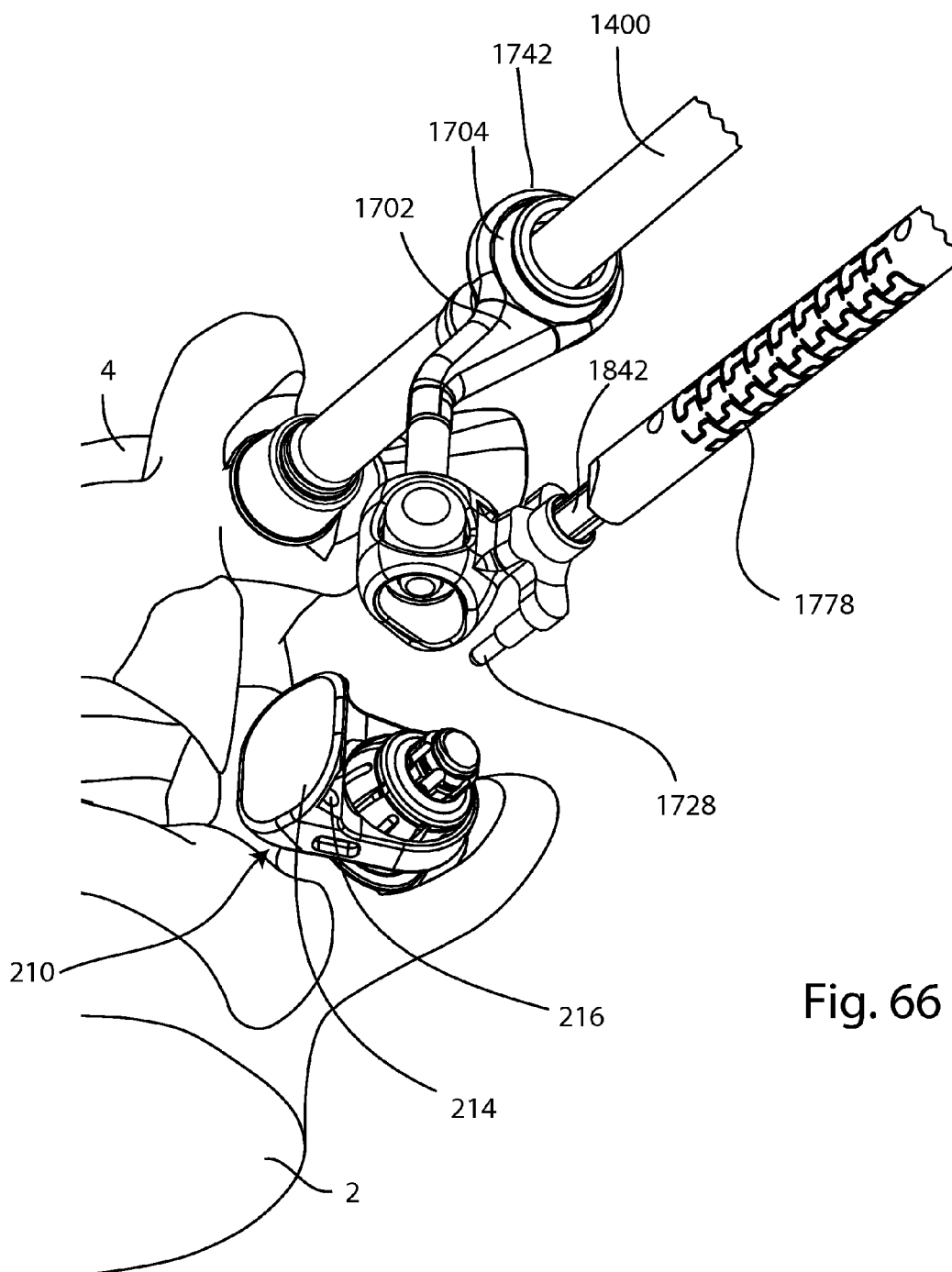


Fig. 66

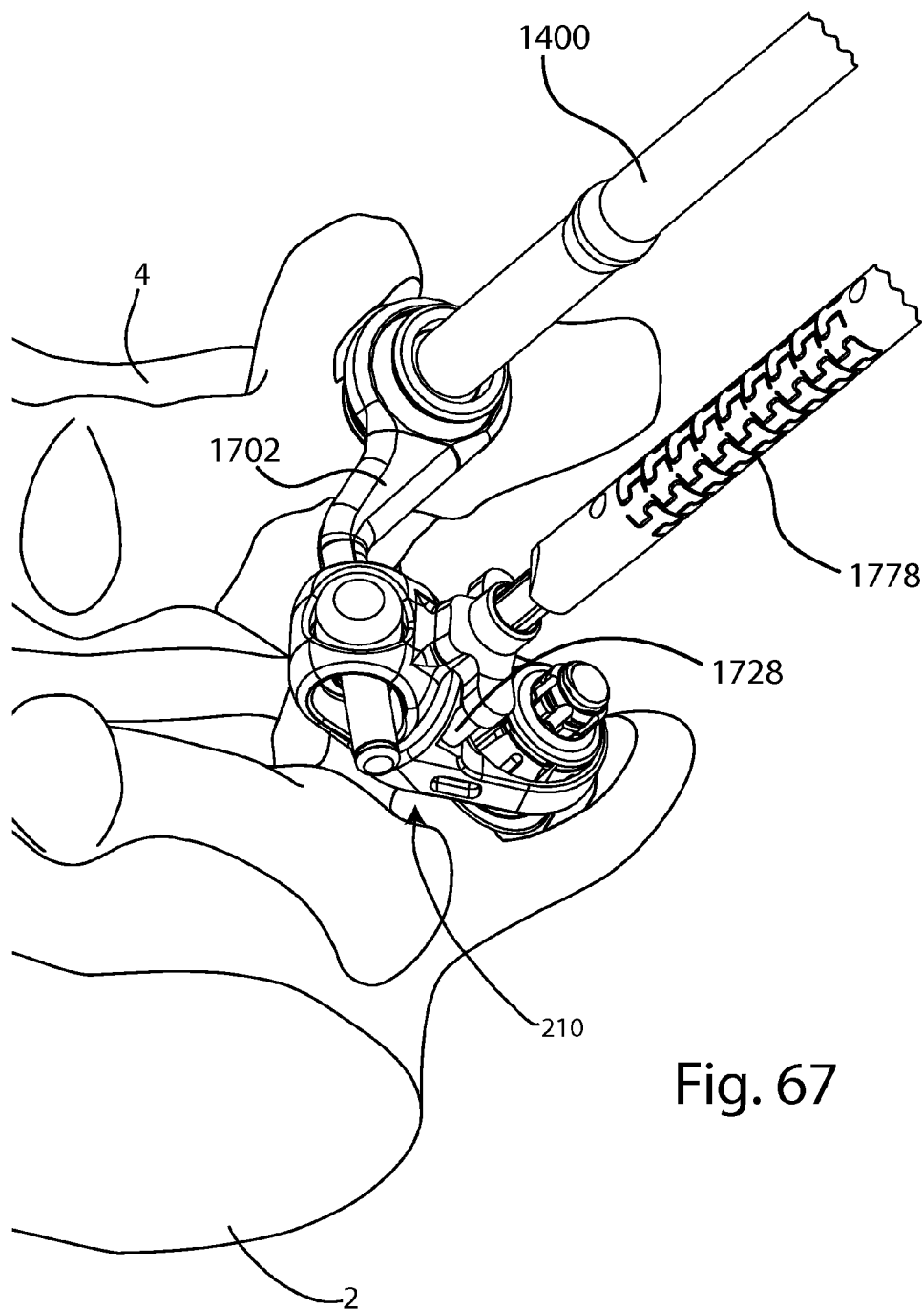
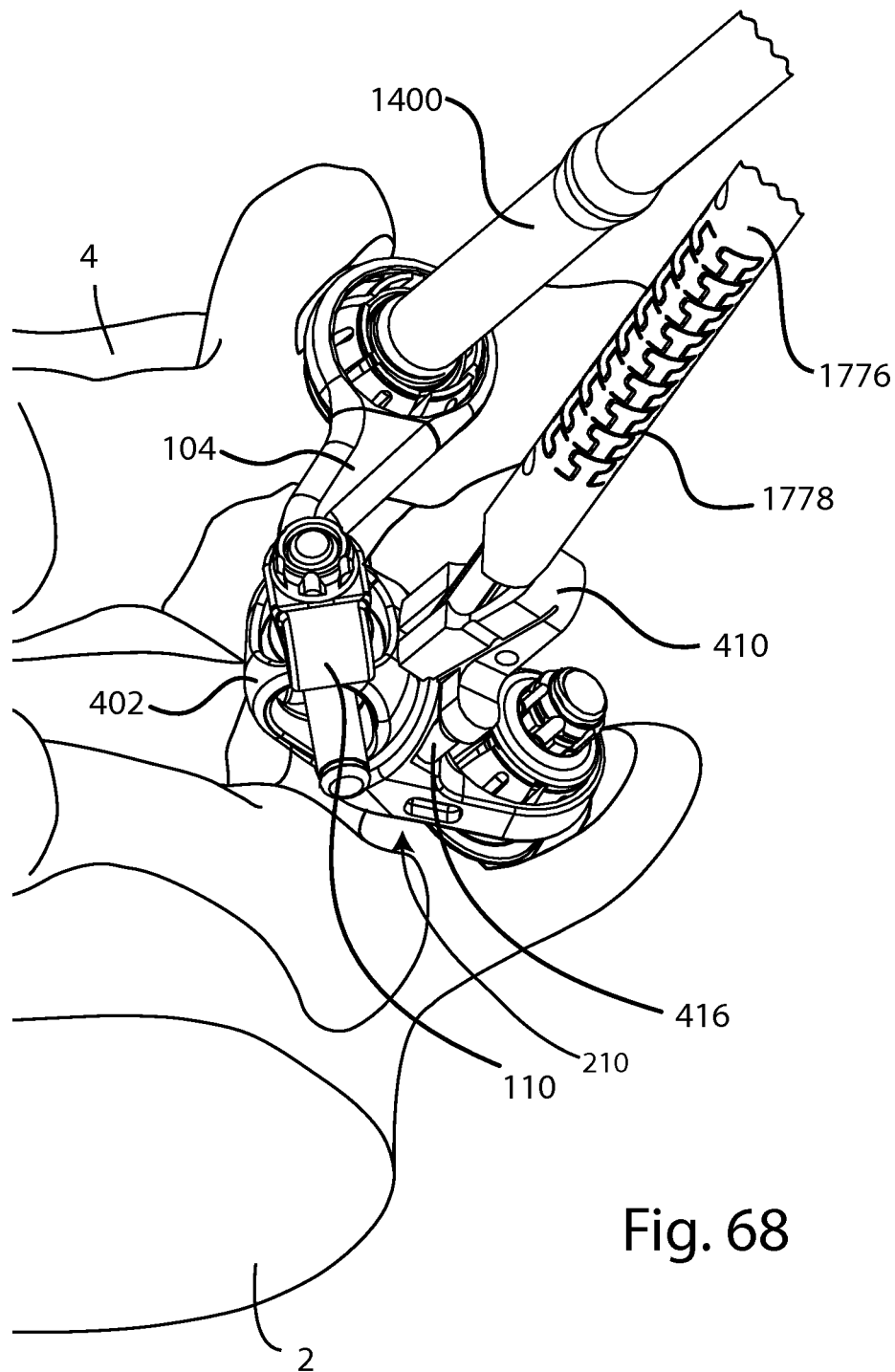


Fig. 67



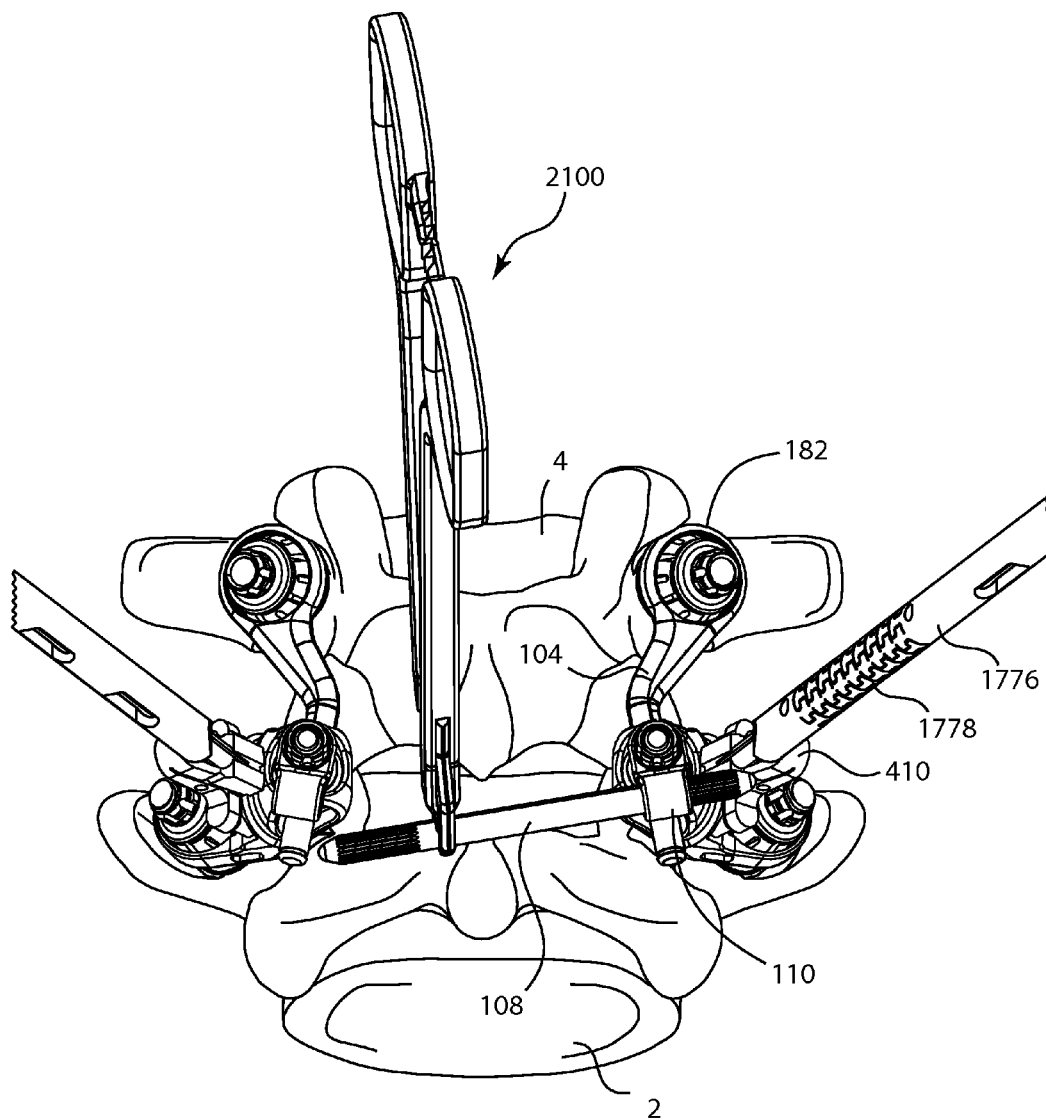


Fig. 69

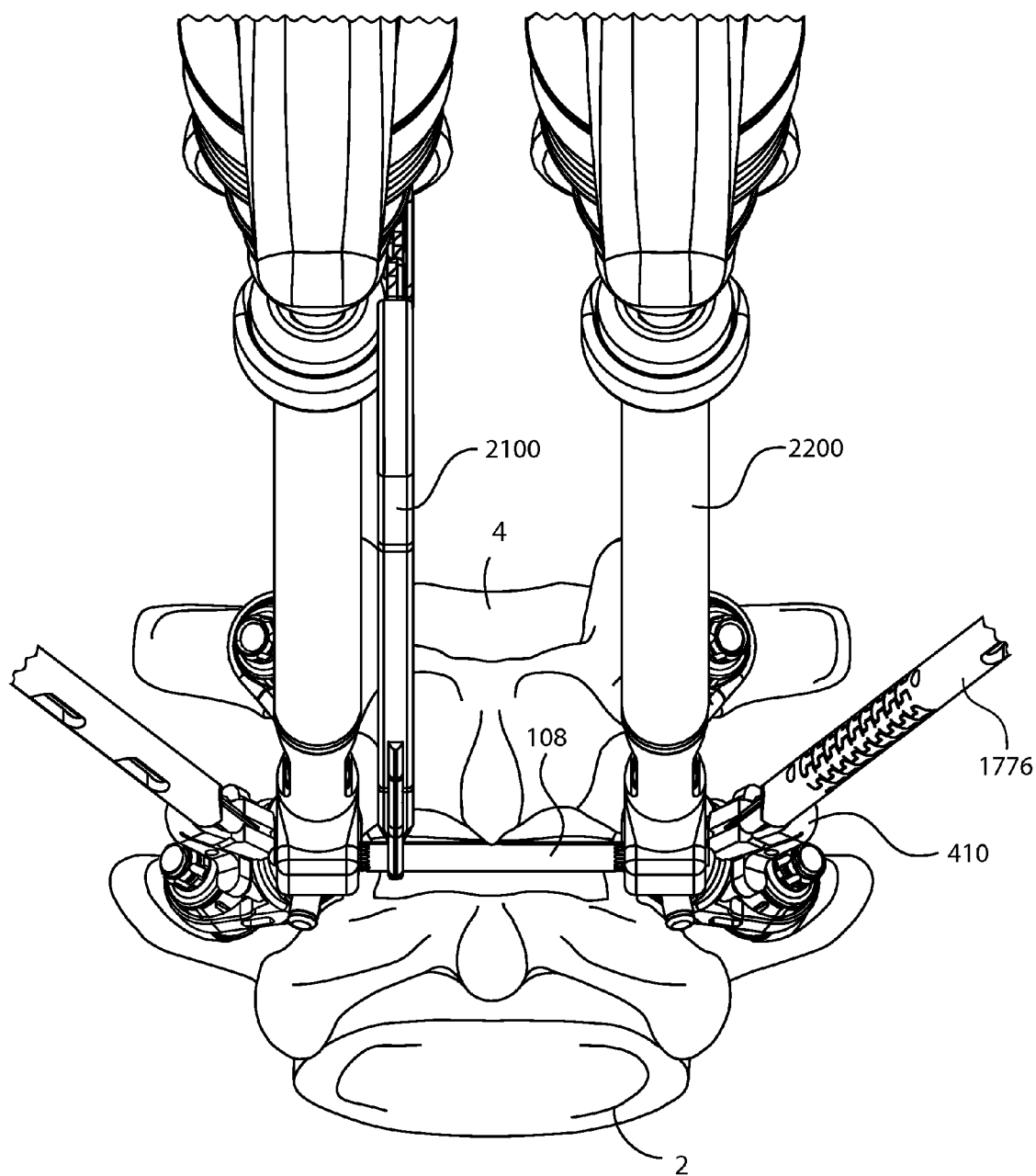


Fig. 70

**FACET JOINT REPLACEMENT
INSTRUMENTS AND METHODS****CROSS-REFERENCE TO RELATED
APPLICATIONS**

This application is a continuation-in-part of:

U.S. application Ser. No. 12/240,320, filed Sep. 29, 2008, entitled SPINAL FACET JOINT IMPLANT, which is pending.

U.S. application Ser. No. 12/240,320 is a divisional of U.S. application Ser. No. 10/860,487, filed Jun. 2, 2004, entitled SPINAL FACET JOINT IMPLANT, which is pending.

U.S. application Ser. No. 10/860,487 claims the benefit of:

U.S. Application No. 60/545,101, filed Feb. 17, 2004, entitled SPHERICAL IMPLANT AND BONE BED, which is expired; and

U.S. Application No. 60/545,094, filed Feb. 17, 2004, entitled SPHERICAL ARTICULATING IMPLANT SURFACE, which is expired.

This application is also a continuation-in-part of:

U.S. application Ser. No. 12/201,046, filed Aug. 29, 2008, entitled SYSTEM AND METHOD FOR FACET JOINT REPLACEMENT, which is pending;

U.S. application Ser. No. 12/201,086, filed Aug. 29, 2008, entitled SYSTEM AND METHOD FOR IMPLANT ANCHORAGE WITH ANTI-ROTATION FEATURES, which is pending;

U.S. application Ser. No. 12/201,128, filed Aug. 29, 2008, entitled SYSTEM AND METHOD FOR FACET JOINT REPLACEMENT, which is pending;

U.S. application Ser. No. 12/201,148, filed Aug. 29, 2008, entitled SYSTEM AND METHOD FOR FACET JOINT REPLACEMENT WITH DETACHABLE COUPLER, which is pending; and

U.S. application Ser. No. 12/201,198, filed Aug. 29, 2008, entitled SYSTEM AND METHOD FOR FACET JOINT REPLACEMENT, which is pending.

U.S. application Ser. Nos. 12/201,046; 12/201,086; 12/201,128; 12/201,148; and 12/201,198 are continuations-in-part of:

U.S. application Ser. No. 12/104,726, filed Apr. 17, 2008, entitled FACET JOINT REPLACEMENT, which is pending; and

U.S. application Ser. No. 12/104,855, filed Apr. 17, 2008, entitled FACET JOINT REPLACEMENT, which is pending.

U.S. application Ser. Nos. 12/201,086; 12/201,128; 12/201,148; 12/104,726; and 12/104,855 claim the benefit of:

U.S. Application No. 61/023,927, filed Jan. 28, 2008, entitled AFRS GENERATION II INSTRUMENTS, which is expired;

U.S. Application No. 61/033,473, filed Mar. 4, 2008, entitled TOP LOADING RECEIVER FOR AN ADJUSTABLE FACET REPLACEMENT, PROV, which is expired;

U.S. Application No. 61/040,041, filed Mar. 27, 2008, entitled FACET JOINT REPLACEMENT, which is expired;

U.S. Application No. 61/042,896, filed Apr. 7, 2008, entitled SPINAL FIXATION ON AN IMPLANT BASE, which is expired; and

U.S. Application No. 61/045,526, filed Apr. 16, 2008, entitled INFERIOR BASE-SPLIT CLAMP AND MULTI-LEVEL SPLIT CLAMP, which is expired.

U.S. application Ser. Nos. 12/104,726 and 12/104,855 are also continuations-in-part of U.S. application Ser. No. 11/972,158, filed Jan. 10, 2008, entitled TAPER-LOCKING FIXATION SYSTEM, which is pending.

U.S. application Ser. No. 11/972,158 claims the benefit of: U.S. Application No. 60/884,233, filed Jan. 10, 2007, entitled TAPER-LOCKING ROD FIXATION SYSTEM, which is expired;

U.S. Application No. 60/912,323, filed Apr. 17, 2007, entitled AFRS MULTI-LEVEL IMPLANT SYSTEM, which is expired;

U.S. Application No. 60/968,324, filed Aug. 28, 2007, entitled INTERVERTEBRAL DISC IMPLANT WITH FACET MOTION CONSTRAINTS, which is expired;

U.S. Application No. 60/950,012, filed Jul. 16, 2007, entitled INFERIOR FACET IMPLANT HOLDER WITH CLAMP RETENTION, which is expired;

U.S. Application No. 60/950,021, filed Jul. 16, 2007, entitled MONORAIL INSTRUMENT GUIDANCE SYSTEM FOR LUMBAR SPINAL SURGERY, which is expired;

U.S. Application No. 60/950,031, filed Jul. 16, 2007, entitled LINEAR POLYAXIAL LOCKING MECHANISM WITH TOOL, which is expired;

U.S. Application No. 60/950,038, filed Jul. 16, 2007, entitled MOBILE INFERIOR FACET BEARING WITH SUPERIOR CLIP, which is expired;

U.S. Application No. 60/957,505, filed Aug. 23, 2007, entitled DYNAMIC STABILIZATION AND STATIC FIXATION OPTIONS FOR FACET REPLACEMENT PROSTHESIS, which is expired;

U.S. Application No. 60/968,925, filed Aug. 30, 2007, entitled SYSTEMS AND METHODS FOR LESS INVASIVE FACET JOINT REPLACEMENT, which is expired;

U.S. Application No. 61/015,866, filed Dec. 21, 2007, entitled INTERVERTEBRAL DISC IMPLANT WITH FACET MOTION CONSTRAINTS INCLUDING POSTERIOR COMBINATION DISCS, which is expired;

U.S. Application No. 61/015,876, filed Dec. 21, 2007, entitled INTERVERTEBRAL DISC IMPLANT WITH FACET MOTION CONSTRAINTS AND METHODS FOR IMPLANT ALIGNMENT, which is expired;

U.S. Application No. 60/975,731, filed Sep. 27, 2007, entitled MONOLITHIC INFERIOR IMPLANT STRUT WITH INTEGRAL CROSS LINK CLAMP, which is expired;

U.S. Application No. 60/984,798, filed Nov. 2, 2007, entitled LOW PROFILE POLYAXIAL FACET IMPLANT, which is expired;

U.S. Application No. 60/984,814, filed Nov. 2, 2007, entitled HINGED EYELET SCREW, which is expired;

U.S. Application No. 60/984,983, filed Nov. 2, 2007, entitled ADJUSTABLE FACET IMPLANT BASE PIECE, which is expired;

U.S. Application No. 60/984,434, filed Nov. 1, 2007, entitled SUPERIOR INSTRUMENT, which is expired;

U.S. Application No. 60/984,428, filed Nov. 1, 2007, entitled CROSS LINK CLAMP, which is expired;

U.S. Application No. 60/984,594, filed Nov. 1, 2007, entitled ADJUSTABLE INFERIOR FACET REPLACEMENT WITH MEDIAL-LATER SLIDE ADJUSTMENT, which is expired;

U.S. Application No. 61/014,344, filed Dec. 17, 2007, entitled INFERIOR STRUT UPDATE, which is expired;

U.S. Application No. 61/015,886, filed Dec. 21, 2007, entitled EYELET PEDICLE SCREW WITH MULTI-AXIAL FIXATION, which is expired; and

U.S. Application No. 61/015,840, filed Dec. 21, 2007, entitled CERVICAL PLATE WITH FACET MOTION CONTROL, which is expired

U.S. application Ser. No. 11/972,158 is a continuation-in-part of U.S. application Ser. No. 11/063,941, filed Feb. 22, 2005, entitled POLYAXIAL ORTHOPEDIC FASTENING APPARATUS, which is pending; and

U.S. application Ser. No. 11/312,323, filed Dec. 19, 2005, entitled POLYAXIAL ORTHOPEDIC FASTENING APPARATUS WITH INDEPENDENT LOCKING MODES, which is pending.

U.S. application Ser. No. 11/312,323 is a continuation-in-part of U.S. application Ser. No. 11/063,941, filed Feb. 22, 2005, entitled POLYAXIAL ORTHOPEDIC FASTENING APPARATUS, which is pending.

All of the above-referenced documents are hereby incorporated by reference in their entirety.

BACKGROUND OF THE INVENTION

1. The Field of the Invention

The invention relates to spinal surgery. More specifically, the invention relates to replacement of natural vertebral facet joints with implantable artificial facet joint replacements.

BRIEF DESCRIPTION OF THE DRAWINGS

Various embodiments of the present invention will now be discussed with reference to the appended drawings. It is appreciated that these drawings depict only typical embodiments of the invention and are therefore not to be considered limiting of its scope.

FIG. 1 is a perspective view of a portion of a spine with a bi-lateral facet joint replacement system implanted into two adjacent vertebrae;

FIG. 2 is perspective view of an inferior facet joint implant coupled to a crosslink rod;

FIG. 3 is an exploded view of the inferior facet joint implant and crosslink rod of FIG. 2;

FIG. 4 is a partial cross-sectional view of an attachment mechanism of the facet joint implant of FIG. 2;

FIG. 5 is a perspective view of an inferior implant body coupled to a clip;

FIG. 6 is a perspective view of the clip of FIG. 5 and a plug;

FIG. 7A is a perspective view of an alternate embodiment of a clip; and FIG. 7B is a perspective view of the clip of 7A coupled to an alternate embodiment of an inferior facet joint implant;

FIG. 8A is a perspective view of an alternate embodiment of an inferior facet joint implant coupled to a crosslink rod; and FIG. 8B is an exploded view of the inferior facet joint implant and crosslink rod of FIG. 8A;

FIG. 9A is a plan view of an inferior articular body of the inferior facet joint implant of FIG. 8; and FIG. 9B is a cross-sectional view of the inferior articular body of FIG. 9A;

FIG. 10A is a perspective view of an alternate embodiment of a clip; FIG. 10B is a front view of the clip of FIG. 10A; and FIG. 10C is a cross-sectional view of the clip of FIG. 10A;

FIG. 11 is a perspective view of a fixation assembly secured to an inferior strut;

FIG. 12 is an exploded view of the fixation assembly and inferior strut of FIG. 11;

FIG. 13A is a lateral view of a fixation assembly base member; FIG. 13B is a posterior view of the fixation

assembly base member of FIG. 13A; FIG. 13C is an anterior perspective view of the fixation assembly base member of FIG. 13A; and FIG. 13D is a cross-sectional view of the fixation assembly base member of FIG. 13A;

FIG. 14A is a lateral perspective view of an alternate fixation assembly base member; and FIG. 14B is a cross-sectional view of the fixation assembly base member of FIG. 14A;

FIG. 15 is a lateral perspective view of an alternate fixation assembly base member;

FIG. 16 is a lateral perspective view of an alternate fixation assembly base member;

FIG. 17 is a lateral perspective view of an alternate fixation assembly base member;

FIG. 18 is a lateral perspective view of an alternate fixation assembly base member;

FIG. 19 is a lateral perspective view of an alternate fixation assembly base member;

FIG. 20 is a lateral perspective view of an alternate fixation assembly base member;

FIG. 21 is a perspective view of an alternate embodiment of a fixation member;

FIG. 22 is a perspective view of a fixation assembly secured to a superior facet joint implant;

FIG. 23 is a perspective view of an alternate fixation assembly secured to an alternate embodiment of a superior facet joint implant;

FIG. 24 is an exploded view of the alternate fixation assembly and superior facet joint implant of FIG. 23;

FIG. 25 is a cross-sectional view of the alternate fixation assembly and superior facet joint implant of FIG. 23;

FIG. 26 is a perspective view of the clip of FIG. 5 coupled to an inferior facet joint implant, and the superior facet joint implant and fixation assembly of FIG. 23;

FIG. 27 is a perspective view of the inferior and superior facet joint implants of FIG. 26 joined by the clip of FIG. 5;

FIG. 28 is a perspective view of the clip and inferior implant of FIG. 7 coupled to a delivery tool, and the superior facet joint implant and fixation assembly of FIG. 23;

FIG. 29 is a perspective view of the clip and inferior implant of FIG. 7 coupled to a flexing tool, coupled to the superior facet joint implant and fixation assembly of FIG. 23;

FIG. 30A is a perspective view of the clip of FIG. 10 coupled to the inferior implant of FIG. 8, the superior implant of FIG. 23, and an inserter tool; FIG. 30B is a side view of the clip, inferior implant, superior implant, and inserter tool of FIG. 30A;

FIG. 31 is a perspective view of a screw driver;

FIG. 32 is a detail view of a collet and a distal tip component of the screw driver of FIG. 31;

FIG. 33 is a detail view of the distal tip of FIG. 32;

FIG. 34A is a side view of the screw driver of FIG. 31 in an unlocked configuration; FIG. 34B is a cross-sectional view of the screw driver of FIG. 34A; and FIG. 34C is a cross sectional view of the screw driver of FIG. 31 in a locked configuration;

FIG. 35 is a detail view of the screw driver of FIG. 31 coupled to a fixation element;

FIG. 36A is a cross-sectional view through the distal end of the collet of the screw driver of FIG. 31; and FIG. 36B is a cross-sectional view through the distal end of the collet of the screw driver of FIG. 31 and the fixation element of FIG. 35;

5

FIG. 37A is a cross-sectional view through an alternate embodiment of a screw driver; and FIG. 37B is a detail view of the distal end of the screw driver of FIG. 37A coupled to a fixation element;

FIG. 38A is a side view of the screw driver of FIG. 37B; FIG. 38B is a cross-sectional view of the screw driver of FIG. 38A in a locked configuration with a fixation element; FIG. 38C is a detail cross-sectional view of the distal end of the screw driver of FIG. 38B; FIG. 38D is a cross-sectional view of the screw driver of FIG. 38A in an unlocked configuration; and FIG. 38E is a detail cross-sectional view of the distal end of the screw driver of FIG. 38D;

FIG. 39A is a perspective view of a base reamer; FIG. 39B is a side view of the base reamer of FIG. 39A; and FIG. 39C is a cross-sectional view of the base reamer of FIG. 39A;

FIG. 40A is a perspective view of a base broach; FIG. 40B is a side view of the base broach of FIG. 40A; FIG. 40C is a cross-sectional view of the base broach of FIG. 40A; FIG. 40D is a detail view of the distal end of the base broach of FIG. 40A; and FIG. 40E is an end view of the base broach of FIG. 40A;

FIG. 41 is a perspective view of a base inserter;

FIG. 42A is a perspective view of the base inserter of FIG. 41 coupled to a modular handle; FIG. 42B is a detail view of the distal tip of the base inserter of FIG. 42A; FIG. 42C is a cross-sectional view of the base inserter of FIG. 42A;

FIG. 43 is a perspective view of a superior implant inserter;

FIG. 44A is a front perspective view of a lockout tool; and FIG. 44B is a rear perspective view of the lockout tool of FIG. 44A;

FIG. 45 is a cross-sectional view of the lockout tool of FIG. 44;

FIG. 46A is a front perspective view of an inferior trial; FIG. 46B is a rear perspective view of the inferior trial of FIG. 46A; and FIG. 46C is a bottom view of the inferior trial of FIG. 46A;

FIG. 47 is an exploded view of the inferior trial of FIG. 46;

FIG. 48A is a perspective view of an inferior inserter; and FIG. 48B is an exploded view of the inferior inserter of FIG. 48A;

FIG. 49A is a side view of the inferior inserter of FIG. 48; and FIG. 49B is a cross-sectional view of the inferior inserter of FIG. 48;

FIG. 50 is an exploded view of an alternate embodiment of an inferior inserter;

FIG. 51 is a posterior view of the base reamer of FIG. 39 passing over a fixation element in a caudal vertebra;

FIG. 52 is a partial cross-sectional view of the base reamer, fixation element, and vertebra of FIG. 51, cut along the longitudinal axis of the fixation element;

FIG. 53 is a posterior view of the base broach of FIG. 40 passing over a fixation element in a caudal vertebra;

FIG. 54 is a partial cross-sectional view of the base broach, fixation element, and vertebra of FIG. 53, cut along the longitudinal axis of the fixation element;

FIG. 55 is a posterior view of an implant base, coupled to the base inserter and handle of FIG. 42, passing over a fixation element in a caudal vertebra;

FIG. 56 is a partial cross-sectional view of the implant base, base inserter, handle, fixation element, and vertebra of FIG. 53, cut along the longitudinal axis of the fixation element;

FIG. 57A is a detail cross-sectional view of the implant base, base inserter, handle, fixation element, and vertebra of FIG. 53, cut perpendicular to the longitudinal axis of the

6

fixation element; and FIG. 57B is a partial cross-sectional view of the implant base, base inserter, handle, fixation element, and vertebra of FIG. 53, cut perpendicular to the longitudinal axis of the fixation element;

FIG. 58 is a posterior view of a superior implant, coupled to the superior implant inserter of FIG. 43, passing over the base inserter of FIG. 41 coupled to an implant base in a vertebra;

FIG. 59 is a posterior view of the superior implant, superior implant inserter, base inserter, and implant base of FIG. 58, with the superior implant engaging the implant base;

FIG. 60 is a lateral view of the superior implant, superior implant inserter, base inserter, and implant base of FIG. 59;

FIG. 61 is a posterior view of the superior implant, superior implant inserter, base inserter, and implant base of FIG. 59 and a contralateral set of minor image components;

FIG. 62 is a posterior view of the superior implant, superior implant inserter, base inserter, and implant base of FIG. 59 and the lockout tool of FIGS. 44-45;

FIG. 63 is a perspective view of the superior implant, superior implant inserter, base inserter, implant base and lockout tool of FIG. 62, showing the lockout tool before actuation;

FIG. 64 is a perspective view of the superior implant, superior implant inserter, base inserter, implant base and lockout tool of FIG. 62, showing the lockout tool during actuation;

FIG. 65 is a posterior view of the superior implant and fixation assembly of FIG. 23 in a caudal vertebra, the base inserter of FIG. 41 coupled to an implant base in a cephalad vertebra, and an inferior trial, coupled to the inferior inserter of FIG. 50, passing over the base inserter;

FIG. 66 is a posterior detail view of the items shown in FIG. 65;

FIG. 67 is a posterior detail view of the items shown in FIG. 65, with the inferior trial coupled to the superior implant;

FIG. 68 is a posterior detail view of the superior implant and fixation assembly of FIG. 23 in a caudal vertebra, the base inserter of FIG. 41 coupled to an implant base in a cephalad vertebra, and an inferior implant, coupled to the inferior inserter of FIG. 50, with the inferior implant engaging the implant base;

FIG. 69 is a posterior detail view showing a crosslinker engaged with one of a bilateral pair of inferior implants fixed to a cephalad vertebra;

FIG. 70 is a posterior detail view showing bilateral counter torque tools stabilizing split clamps at the ends of the crosslink of FIG. 69;

DETAILED DESCRIPTION

The present invention advances the state of the art by providing systems and methods that can be used to replace natural vertebral facet joints with implantable artificial facet joint prostheses in a manner that provides a high degree of implant adjustability, simplicity, and ease of use.

In this application, "polyaxial" rotation is rotation that can occur about at least two axes that are not parallel to each other. "Lock-out" between two or more component parts refers to a state in which movement of any component part is prevented by frictional, compression, expansion, or other forces. A "taper-lock connector" refers to any locking mechanism that uses a taper to effect locking.

Referring to FIG. 1, a perspective view depicts a portion of a spine including a first vertebra 2 and a second vertebra

7

4. Sagittal plane 3 is shown bisecting the vertebrae 2 and 4 into generally symmetric left and right portions. A system 10 of bi-lateral facet joint replacements joined by a crosslink rod 108 passing through a spinous process 6 of vertebra 4 is implanted in the vertebrae 2, 4. On the left side of the vertebrae 2, 4, an inferior facet joint implant 100 is secured to a fixation assembly 300 implanted in vertebra 4, and a superior facet joint implant 200 is secured to a fixation assembly 300 implanted in vertebra 2. On the right side of the vertebrae, an inferior facet joint implant 101 is secured to a fixation assembly 300 implanted in vertebra 4, and a superior facet joint implant 201 is secured to a fixation assembly 300 implanted in vertebra 2. It is appreciated that the facet joint replacement implants described herein may each be configured in a "right" or a "left" configuration to be implanted on the right or left lateral side of the vertebrae. However, only one (right or left) configuration will be described, and it is assumed that the other (right or left) configuration is a minor-image of the one described. It is also appreciated that the implants described herein may be implanted bi-laterally as in FIG. 1, or unilaterally, if desired.

Referring to FIG. 2, a perspective view depicts polyaxially adjustable left inferior facet joint implant 100. Inferior facet joint implant 100 comprises an inferior articular body 102, an inferior strut 104, and an attachment mechanism 106 which adjustably secures the articular body to the inferior strut 104. The attachment mechanism 106 has an adjustable configuration in which the inferior articular body 102 can rotate relative to the inferior strut 104 about three orthogonal axes, and it has a locked configuration in which the inferior articular body 102 is rigidly secured to inferior strut 104. A crosslink rod 108 may optionally be secured to the implant 100 by a split clamp 110. The attachment mechanism 106 may be actuated to simultaneously lock the crosslink rod 108 in the split clamp 110 as the inferior articular body 102 is locked to the inferior strut 104. A clamp axis 111 extends longitudinally through the attachment mechanism. A strut axis 105 extends longitudinally along the inferior strut 104.

Referring to FIG. 3, an exploded perspective view illustrates the component parts which may comprise the left inferior facet joint implant 100. The inferior articular body 102 is shell-like and has a substantially concave interior cavity 112 which is defined by an interior wall 114. A first chamfered opening 116 and a second chamfered opening 118 in the inferior articular body 102 create a passageway through which a portion of the inferior strut may fit when the implant is assembled. An attachment post opening 120, which may also be chamfered, is situated orthogonal to the first and second chamfered openings 116, 118. The chamfered openings may provide additional range of motion between the inferior articular body and the inferior strut 104 as the inferior articular body 102 is polyaxially adjusted prior to locking down. An inferior articular surface 122 is located on the exterior of the inferior articular body 102, and is shaped to replace a natural inferior articular surface of a vertebra. Inferior facet implant 100 may be implanted in conjunction with a superior facet implant, wherein the inferior articular surface 122 articulates with an artificial superior facet articular surface. Alternately, inferior facet implant 100 may be implanted such that the inferior articular surface 122 articulates with a natural superior facet articular surface. In both cases, the articulation between inferior and superior articular surfaces preserves a level of natural spinal motion.

FIG. 4 displays the attachment mechanism 106 in a cross-sectional view. The attachment mechanism 106 is configured to provide polyaxial adjustability between the

8

inferior articular surface 122 and the inferior strut 104. Once the desired orientation of the articular surface 122 relative to the inferior strut 104 is reached, the attachment mechanism 106 may be locked down, securing the articular surface to the inferior strut. Referring to FIGS. 3 and 4, the attachment mechanism comprises a locking member which is a threaded conical expander 126, an expandable member which is a split shell 128, the split clamp 110, and a nut 130. An alternative embodiment of an attachment mechanism may exclude the split clamp 110.

The split shell 128 has a circular neck portion 132 through which passes a bore 134. The bore opening is surrounded by a radial spline 136. Adjacent to the neck portion 132 is a spherical portion 138 which comprises two expandable lobes 140, 142. An interior surface 143 of the lobes 140, 142 may be tapered. The present embodiment of the invention includes two lobes, however it is appreciated that more lobes may be included, or other expandable portions, in other embodiments. The split shell 128 fits over the conical expander 126 such that a threaded post 146 of the conical expander 126 passes through the bore 134. An expansion portion 148 of the conical expander 126 is forked and has two opposing flanges 150, 152 which are shaped to fit around and grip the inferior strut 104. An inner wall 153 of the flanges is curved to fit around the inferior strut 104, and the outer walls 154, 156 are tapered.

The split ring clamp 110 comprises an inner ring 160, an outer ring 162 and a collar 164 which joins the inner and outer rings. The collar 164 is shaped to fit around and grip the cross link rod 108. The split ring clamp 110 is configured such that when the inner and outer rings 160, 162 are compressed together, a diameter of the collar 164 decreases and the collar can tighten around and secure the cross link rod. The surface of an exterior side of the inner ring 160 is a radial spline 166, which is shaped to engage with the radial spline 136 on the split shell 128.

When assembled, the split shell 128 fits over the conical expander 126, and the two parts fit within the inferior articular body 102 such that the interior cavity 112 houses the expansion portion 148 of the conical expander 126 nested inside the spherical portion 138 of the split shell 128. The conical expander 126, split shell 128 and inferior articular body 102 are oriented so that in general the flanges 150, 152 are adjacent to the lobes 140, 142, and the lobes are adjacent to the interior wall 114 of the interior cavity 112. A strut post 184 of the inferior strut 104 fits between the flanges 150, 152 of the conical expander 126.

The split ring clamp 110 fits over the threaded post 146 of the conical expander 126 so that the radial spline 166 of the split clamp meets the radial spline 136 of the split shell 128. The crosslink rod 108 extends through the collar 164 of the split clamp. The nut 130 is threaded onto the threaded post 146 of the conical expander 126.

Until the attachment mechanism 106 is locked down by actuating the nut 130, the implant is adjustable in multiple ways. The crosslink rod 108 has relative angular freedom of motion about the clamp axis 111 and the inferior strut axis 105. The position of the cross link rod 108 relative to the split clamp 110 may be adjusted such that a relatively longer or shorter length of the crosslink rod 108 extends through the clamp. This provides an opportunity to select the best fit to the patient's anatomy and the specific vertebral level being treated. Similarly, the position of the inferior strut 104 may be adjusted relative to the inferior articular body 102 such that a relatively longer or shorter length of the inferior strut 104 extends through the flanges 150, 152 of the conical expander 126. Also, the inferior strut 104 has relative

angular freedom of motion about the clamp axis **111**. The inferior articular body **102** may be polyaxially rotated about the conical expander **126** and the split shell **128**. The adjustments provide relative rotation between the inferior articulation surface **122** and the inferior strut **104** about three orthogonal axes. In addition, prior to lockdown, relative translation between the inferior strut **104**, the inferior articulation surface **122**, and the crosslink rod **108** is permitted.

The attachment mechanism **106** is locked down by actuating, or turning the nut **130**. As the nut **130** is turned and its threads engage the threaded post **146**, the conical expander **126** is urged "upward" through the nut **130**, while the outer ring **162** of the split clamp **110** is urged "downward" toward the inner ring **160**. As the conical expander **126** moves, the flanges **150**, **152** push against the lobes **140**, **142** of the split shell **128**, and in turn the lobes expand and push against the interior wall **114** of the interior cavity **112**. Simultaneously, the flanges **150**, **152** are compressed around the inferior strut **104**. Similarly, the collar **164** of the split clamp **110** is compressed around the crosslink rod **108** as the inner **160** and outer **162** rings of the clamp are urged together. The nut **130** may be actuated until the resulting internal compression prevents any further motion, and the mechanism **106** is locked down.

The inferior implant **100** may be delivered in an assembled, but not locked down, configuration. The crosslink rod **108** may be included in the assembly, provided separately, or excluded. The inferior implant **100** may be delivered in combination with a superior implant, in which a clip or other temporary fastener holds the inferior articular surface to a superior articular surface of the superior implant.

FIG. 5 presents an alternative embodiment of an inferior articular body **470**, which may be available pre-packaged temporarily attached to a coupler, or clip **550** with a plug **570**. Alternatively, a gripping tool (not shown) may be used to hold the inferior articular body **470**. It can be appreciated that any of the various embodiments of the inferior articular body disclosed may be adapted for use with the clip **550** and plug **570**. The inferior articular body **470** may be assembled to an attachment mechanism and inferior strut (not shown) in a manner similar to that described above with regard to other inferior implant embodiments.

FIG. 6 is a perspective view of the clip **550** and the plug **570**. Clip **550** comprises a clip body **552**, a handle **554**, and two pairs of pins which extend substantially orthogonally from the body: a pair of superior pins **556** and a pair of inferior pins **558**. The inferior pins **558** are cannulated, each having a bore **560** which extends the length of the pin **558**, from the body **552** to a split end **562**. Each split end **562** includes at least one slot **564** which extends partially along the length of the pin **558**, and a protruding flange **566**. The inferior pins **558** are shaped to receive an inferior facet joint implant, and the superior pins **556** are shaped to receive a superior facet joint implant.

The plug **570** comprises a handle **571** and two prongs **572** which are sized to extend through the bores **560** of the inferior pins **558** of the clip **550**. When the plug **570** is inserted fully into the inferior pins **558**, the prongs **572** urge apart the split ends **562** from a narrow first configuration to an expanded second configuration in which the slots **564** are widened, and the flanges **566** on each pin are farther apart. When the plug **570** is removed, the split ends **562** return from the expanded second configuration to the narrow first configuration.

Returning to FIG. 5, the inferior articular body **470** is shown coupled with the clip **550** and the plug **570**. The

inferior pins **558** extend through tubes **472** formed on the inferior implant **470**, such that the split ends **562** and flanges **566** emerge outside of the tubes. The plug **570** is fully inserted through the clip bores **560**, and therefore the prongs **572** keep the split ends in the expanded second configuration. In the expanded second configuration, the widened flanges **566** cause the diameter of the split ends **562** to be greater than the diameter of the tubes **472**, preventing the clip **550** from being withdrawn from the inferior articular body **470**. Thus held by the clip **550**, the inferior articular body **470**, with or without other attached components such as an inferior strut, may be clipped to a superior implant.

Referring to FIG. 7A, an alternate embodiment of a coupling clip is shown. Clip **1200** is of one-piece construction, and is shaped to couple an inferior facet replacement implant such as inferior implant **100** (FIG. 1) with a superior facet replacement implant such as superior implant **210** (FIG. 23). Clip **1200** may retain the implants such that the inferior and superior articulation surfaces are held at a desired relative position. A portion of the clip **1200** is deformable and may be flexed to detach the clip from at least one of the implants.

Clip **1200** comprises a first end **1202** and a second end **1204**, and the ends are linked by a connecting portion **1206**. First end **1202** comprises a rigid shoulder **1208**, and at opposing ends of the rigid shoulder **1208** are a tab **1210** and a post **1212**. The tab **1210** and post **1212** are also rigid, and are shaped to couple with and align the inferior and superior implants. A recess **1220** is located on the shoulder **1208**. Similarly, second end **1204** comprises a rigid shoulder **1214**, tab **1216**, post **1218**, and recess **1222**. Tabs **1210**, **1216** are shaped to receive an inferior facet joint implant, and posts **1212**, **1218** are shaped to receive a superior facet joint implant. Connecting portion **1206** is deformable, and when it is flexed, first end **1202** rotates about the axis of post **1212**, and second end **1204** rotates about the axis of post **1218**, such that tabs **1210**, **1216** are urged apart.

FIG. 7B is a perspective view of clip **1200** coupled to an inferior facet joint implant **1230**. Inferior facet joint implant **1230** is similar to inferior implant **100** seen in FIG. 2, but includes an alternative inferior articular body **1232**. Inferior facet joint implant **1230** comprises inferior articular body **1232**, conical expander **126**, split shell **128**, split clamp **110**, top nut **130**, inferior strut **104**, and split sphere **356** which may be captured in the ring **182** of the inferior strut. Inferior articular body **1232** comprises an inferior articular surface **1234** and a pair of slots **1236** which are shaped to receive the tabs **1210**, **1216** of the clip **1200**. Inferior facet joint implant **1230** may be delivered coupled to clip **1200**. Packaging (not shown) may be shaped to prevent connecting portion **1206** from flexing, and to keep posts **1212**, **1218** in a fixed position.

FIGS. 8 and 9 present an alternative embodiment of an inferior implant **400** with an alternative embodiment of an inferior articular body **402**. This embodiment may differ from inferior articular body **102** in that it comprises a gripping feature **404** between the attachment opening **120** and the inferior articular surface **122**. The gripping feature **404** comprises an elongated slot **406** with an angled hole **408** cut into each end of the slot **406** (FIG. 9). The two holes **408** may diverge so that the gripping feature **404** is undercut at each end of the slot **406**. Alternatively, the gripping feature **404** may comprise another undercut configuration, such as a dovetail or a keyseat.

Referring to FIG. 10, another alternate embodiment of a coupling clip is shown. Clip **410** comprises a clip body **412**, an instrument socket **414**, a tab **420**, a pair of pins **416**, and

11

a pair of prongs **418**. The pins **416** are shaped to engage a superior facet joint implant and the prongs **418** are shaped to engage an inferior facet joint implant. The pins **416** may be cylindrical and they may or may not have a constant diameter over their entire length. The prongs **418** may flare away from each other or present a dovetail or flanged configuration corresponding to the configuration of the gripping feature on the inferior facet joint implant. The pins **416** and prongs **418** project orthogonally from a distal side of the clip body **412**, and the tab **420** projects orthogonally from a proximal side of the clip body **412**. The socket **414** is located between the prongs **418** and may be oriented at an angle to the clip body **412**. A first slot **422** cuts through the clip body **412** so that the pins **416** are disposed on one side of the slot **422** and the prongs **418** are disposed on the other side. The slot **422** extends through a portion of the tab **420** adjacent to the clip body **412**. The slot **422** enables the clip **410** to flex so that the prongs **418** can move toward or away from the pins **416**. A second slot **424** is oriented perpendicular to the first slot **422**, and cuts through the portion of the tab **420** that bears the prongs **418** and the socket **414**, so that the slot **424** is substantially centered with respect to the prongs **418** and the socket **414**. The slot **424** enables the clip **410** to flex so that the prongs **418** can move toward or away from each other and the socket **414** can increase or decrease in width.

Referring to FIG. 11, inferior strut **104** is shown coupled to fixation assembly **300**, which may also be termed an attachment mechanism. The inferior strut **104** is generally elongated in configuration, with a central portion **180**, a first end which is a ring **182**, and a second end which is a strut post **184**. The ring **182** may be a generally circular feature with a center point and opposed end faces which are substantially planar and parallel. The ring **182** may be set at an angle relative to the central portion **180** and the strut post **184**. The strut post **184** may be a generally cylindrical feature with a longitudinal center axis. The strut post **184** may be at an angle relative to the central portion **180** and the ring **182**; also the central portion **180** may be straight, bent or curved.

A kit of inferior implants may be provided, wherein each inferior implant in the kit is a different size or shape so that a particular inferior implant may be selected for implantation at a certain operative site. U.S. patent application Ser. No. 12/240,320, which is incorporated herein by reference in its entirety, describes such a kit of inferior implants in terms of physical dimensions which may vary independently among the various inferior implants in the kit.

Some of the physical dimensions that may change between the different sizes of inferior implants are an X2 offset, a Y2 offset, and a Z2 offset. These dimension may be used to describe the location of a center point C1 of the inferior articulation surface with respect to local vertebral landmarks, such as a pedicle saddle point or pedicle axis, or standard anatomical reference planes, such as the sagittal plane 3. It can be appreciated that the same dimensions may be measured on one or more intact natural vertebrae in order to develop inferior implants that accurately fit a majority of the patient population.

The pedicle axis may be the same as the longitudinal axis of fixation member **302**, or any other fixation member disclosed herein, after implantation into a pedicle. The pedicle axis may also be the axis passing along the center of a substantially tubular midportion of the pedicle, independent of any fixation member. The pedicle saddle point is frequently equivalent to the entry point of a fixation member into the pedicle; it may also be defined as the intersection of

12

the pedicle axis and the posterior bone surface lateral to the superior articular process of a vertebra.

Exemplary values for the foregoing dimensions will be provided below. Although the exemplary values relate primarily to L5 superior and L4 inferior, they may apply to other combinations of vertebrae in the lower back and/or the sacrum. One or more of these variables may change between the different inferior implant sizes.

For a particular inferior articular surface and its immediately adjacent pedicle, the center point C1 of the inferior articulation surface is displaced from the saddle point S2 by an X2 offset, a Y2 offset, and a Z2 offset. The direction of the Y2 offset is parallel to the pedicle axis. The direction of the Y2 offset is generally, but not precisely, anterior to posterior. The direction of the X2 offsets is perpendicular to the Y2 offset. The direction of the X2 offset is generally, but not precisely, lateral to medial with respect to the central axis of the patient's spine. The direction of the Z2 offset is perpendicular to the Y2 offset and the X2 offset. The direction of the Z2 offset is generally cephalad to caudal.

The X2 offset for the inferior implant can range from 0 mm to 20 mm. However, for the majority of patients, the X2 offset will range from 2 mm to 16 mm. Therefore a family of inferior implants can be provided with the X2 offset varying in increments of 2 mm. Thus, sets of inferior implants would be provided with X2 offset at 2 mm, 4 mm, 6 mm, 8 mm, 10 mm, 12 mm, 14 mm, and 16 mm to cover the statistical range for the majority of the population of patients needing inferior implants.

The Y2 offset for the inferior implant can range from -15 mm to 5 mm. However, for the majority of patients, the Y2 offset will range from -12 mm to 4 mm. Therefore a family of inferior implants can be provided with the Y2 offset varying in increments of 2 mm. Thus, sets of inferior implants would be provided with Y2 offset at -12 mm, -10 mm, -8 mm, -6 mm, -4 mm, -2 mm, 0 mm, 2 mm, and 4 mm to cover the statistical range for the majority of the population of patients needing inferior implants.

The Z2 offset for the inferior implant can range from 20 mm to 40 mm. However, for the majority of patients, the Z2 offset will range from 25 mm to 31 mm. Therefore a family of inferior implants can be provided with the Z2 offset varying in increments of 1 mm. Thus, sets of inferior implants would be provided with Z2 offset at 25 mm, 26 mm, 27 mm, 28 mm, 29 mm, 30 mm, and 31 mm to cover the statistical range for the majority of the population of patients needing inferior implants.

The parameters of the inferior implant may include at least two dimensions that vary among the members of the kit independently of each other. Dimensions that vary independently of each other need not change according to any established relationship between the dimensions, but instead, one may change while the other remains the same between any two prostheses of the kit. More specifically, the kit of inferior implants may comprise a plurality of inferior struts of different sizes and shapes, each of which may be provided pre-assembled with an inferior articular body, an attachment mechanism, and optionally a split sphere. As set forth previously, the relative orientation of the ring, central portion, and strut post of the inferior strut may vary. In one embodiment, the tip of the strut post may be offset from the center point of the ring by one or more of the X2 offset, the Y2 offset, and the Z2 offset.

Fixation assembly **300** is configured to be implanted in a pedicle of a vertebra, and to be coupled to inferior implant **100** or another implant. The fixation assembly **300** provides for polyaxial adjustment of the implant with respect to the

13

fixation assembly **300**, and comprises a fixation member **302**, a tapered base **304**, a split sphere **306**, and a top nut **308**.

FIG. **12** is an exploded view of the inferior strut **104** and the fixation assembly **300**. The fixation member **302**, which may be a pedicle screw, has a distal threaded bone engaging portion **310**, a shaft **312**, and a proximal threaded attachment portion **314**. The tapered base **304** is cannulated throughout, and has an inset bone-engaging portion **316**, a flange **318**, and a tapered portion **320**. The inset portion **316** may be tapered to provide compression to the surrounding bone, and may have a plurality of fins **317** which prevent rotation of the base **304** in the bone. In alternate embodiments of the invention, the inset portion **316** may include teeth, studs, fins, or combinations thereof, or other anti-rotation features, or no anti-rotation features. The tapered portion **320** may serve as an attachment portion, configured for attachment of an implant. At an open end of the tapered portion **320**, a tool engagement rim **322** includes a plurality of notches **324**. Other embodiments of the base may include threads or other features instead of notches configured to engage a tool. An inner wall **326** of the split sphere **306** is sized to fit over the tapered portion **320** of the base **304**, and includes a plurality of slits **328** which allow the sphere to be expandable. The inner wall **326** of the split sphere **306** may also be tapered. The top nut **308** has a threaded bore **332** and a flange **334** which encircles the nut **308**.

The fixation assembly **300** may be assembled from the components described above during implantation, or it may be delivered in a partially assembled state. For example, the split sphere **306** may be provided captive within the ring **182**.

Prior to locking down the fixation assembly **300**, the ring **182** may be polyaxially adjusted around the split sphere **306** so that the inferior strut **104** attains a desired orientation. To lock down the desired orientation, a compression lockout tool (not shown) engages the notches **324** of the tool engagement rim **322** on the base **304**. Other embodiments of the base may include a threaded tool engagement interface, configured to engage with a threaded lockout tool. The lockout tool provides compression on the split sphere **306**, urging it farther onto the tapered portion **320** toward the flange **318**. As the split sphere **306** moves down the tapered portion **320**, it expands to bind within the ring **182** of the inferior strut **104**. Once all motion between the tapered portion **320**, split sphere **306** and ring **182** is locked out, the lockout tool is removed. The top nut **308** is threaded onto the threaded attachment portion **314** of the fixation member **302**, to retain the base **304**, sphere **306** and inferior strut **104** on the fixation member **302**, and to further secure the inset portion **316** of the base **304** in the vertebra. Optionally, the base **304**, split sphere **306**, and inferior strut **104** may be assembled and locked out independently of the fixation member **302**, then dropped onto the fixation member **302** and retained with the top nut **308**. The inferior articular body **102** and the attachment mechanism **106** may be secured to the inferior strut **104** before or after the inferior strut **104** is locked into position with the base **304** and split sphere **306**.

FIGS. **13-20** depict alternative embodiments of implant base members. Each base member comprises a tapered portion shaped to mate with an expandable member, or collet that is tapered inside and substantially spherical outside, such as split sphere **306** or **356**. The tapered surface facilitates a taper lock between the base and the collet (and inferior or superior implant), thereby locking out adjustability between the implant and the base as described previously with regard to FIG. **12**. Below the tapered portion may be a flange to prevent subsidence and provide a stable surface

14

against the adjacent bone, and to provide additional surface area for bone ingrowth. In addition, a generally cylindrical bone-engaging portion of the base extends down into the pedicle of the vertebra. The bone-engaging portion, which may also be tapered forming a conical shape, may have any number of fins or other features (3-7 in preferred embodiments) which may project into the surrounding bone to resist rotation forces. Each base has a lumen extending throughout both the tapered portion and bone-engaging portion to fit over a pedicle screw or other fixation member. The lumen may be cylindrical or may include a non-cylindrical indexing surface with one or more flat sections, shaped to receive a hexagonal driver or a driver of another shape, including triangular, square, pentagonal, or octagonal, among others. Additionally, each base may have engagement features such as notches or threads which allow a tool or gripping instrument to engage with and hold the base during implantation and lockout procedures. Implantation of each base may follow the same procedures as set forth previously for base **304**. Bases with fins or other protruding anti-rotation features may require additional bone preparation steps, such as broaching, to adequately prepare the bone for the fins.

Each base member embodiment may differ in the number of fins that radiate outward from the center axis to resist rotation. The length, width, and taper of fins or other anti-rotation features may vary. Other embodiments of the implant base may have studs, pegs, or posts instead of fins, or may have slots in the bone-engaging portion that extend downward into the pedicle. Also, the flange and/or bone-engaging portion may be coated with bone in-growth material, such as porous material or hydroxyapatite, among others. Additional embodiments may incorporate sawtooth fins to allow for self-guiding and/or self-cutting, therefore eliminating a separate preparation step. It is appreciated that the bases disclosed herein may be used with the fixation assemblies also disclosed herein, or in other orthopedic applications employing bone-engaging fixation members.

The combination of a base member such as those disclosed herein with a fixation member such as a pedicle screw may provide several advantages when compared to a pedicle screw alone. The contact area between the pedicle and the fixation assembly over which bending loads are distributed will be increased, since the bone-engaging portion of each base provides a greater surface to bone contact area than a pedicle screw alone. According to Wolff's Law, a bone in a healthy person or animal will adapt to the loads under which it is placed. If loading on a particular bone increases, the bone will remodel itself over time to become stronger to resist that sort of loading. Increasing the bone contact area through the use of a base member may therefore result in strengthening of a larger portion of the bone around the implant fixation assembly. Additionally, less load may be placed on the pedicle screw, which may result in decreased likelihood of loosening of the screw over time.

FIG. **13A** is a side view of a facet implant base member **850**; FIG. **13B** is an end view of the base **850**; FIG. **13C** is a perspective view of the base **850**; and FIG. **13D** is a cross-sectional view of the base **850**. Base **850** comprises a tapered portion **852** separated from a bone-engaging portion **856** by a flange **854**. A lumen **851** extends the length of the base, the lumen **851** is shaped to receive a fixation member such as **302**, or a pedicle screw, among others. A first end **858** includes several notches **860** which are engagement features shaped to mate with a placement and/or lockout tool. In this embodiment, five evenly spaced fins **862** project outward from the bone-engaging portion **856**. The fins **862** may prevent rotation of the base **850** in the pedicle. A fillet

15

864 is located between each fin and the adjacent fin and provides a transition between the flange **854** and the bone-engaging portion **856**. In other embodiments of the base, there may be fewer or more fins, and the fins may be evenly or unevenly spaced, or paired, or grouped. The morphology of the fins may vary; some fins may have sharp, well-defined edges while others may have more rounded edges. The fins may taper between the flange and the distal end of the bone-engaging portion. Similarly, the sizes of the fillets **864** may vary; a larger fillet will provide a less sharp, more continuous transition between fins. Providing more gradual, less acute transitions between features on the base may prevent the occurrence of low-load areas where less bone in-growth might occur.

Referring to FIG. **14**, an alternative embodiment of an implant base member is shown. Implant base **870** has a tapered portion **872**, a flange **874** and a bone-engaging portion **876**. A plurality of fins **878** extend outward from the bone-engaging portion **876**. The central lumen **871** includes flat sections **873** interspersed with curved sections **875**, allowing for engagement with a tool such as a pentagonal driver (not shown). The flat sections **873** may provide a practitioner with immediate orientation of the fins **878** relative to the bone screw with which the base is coupled, as well as to broached slots in the bone. The curved sections **875** have a diameter outside the dimensions of the flat sections **873**. The tapered portion includes threads **877** which may extend throughout the tapered portion as shown or, in other embodiments, may extend only partially through the tapered portion. The threads **877** are configured to engage with a placement and/or lockout tool, which may provide force to effect a taper lock between an implant and the base, as set forth previously.

Referring to FIG. **15**, another alternative embodiment of an implant base member is shown. Implant base **880** has a tapered portion **882**, a flange **884** and a bone-engaging portion **886**. A plurality of fins **888** extend outward from the bone-engaging portion **886**. Each fin **888** is serrated with several teeth **889**, which may provide self-broaching of the bone during implantation of the base.

Referring to FIG. **16**, yet another alternative embodiment of an implant base member is shown. Implant base **890** has a tapered portion **892**, a flange **894** and a bone-engaging portion **896**. A plurality of jagged fins **898** extend outward from the bone-engaging portion **896**. Each fin **898** comprises a series of teeth **899** which may be graduated in size. Similar to implant base **880**, the teeth may provide self-broaching during implantation, and may reduce the bone preparation needed prior to implantation.

Referring to FIG. **17**, another alternative embodiment of an implant base member is shown. Implant base **900** comprises a tapered portion **902** and a bone-engaging portion **904**. A curved transitional area **906** connects the tapered portion and the bone-engaging portion. The transitional area serves a similar function as the flange in other embodiments, preventing subsidence of the implant. Two pegs **908**, which may prevent rotation of the base, protrude outward from the bone-engaging portion **904**.

Referring to FIG. **18**, another alternative embodiment of an implant base member is shown. Implant base **910** comprises a tapered portion **912** and a bone-engaging portion **914**. In this embodiment, the dish-shaped bone-engaging portion **914** has a greater diameter than the tapered portion **912**. Bone-engaging portion **914** has a spherical bone-contacting surface **915**. The configuration of the bone-engaging portion **914** may prevent subsidence of the implant, distribute the implant load over a larger surface

16

area, and provide increased surface area for bone ingrowth. A plurality of pegs **916** protrude from the bone-engaging portion **914** and may prevent rotation of the base. The pegs **916** are positioned farther away from the central axis of the base **910**, in comparison to the configuration of base **900** and pegs **908**.

Referring to FIG. **19**, another alternative embodiment of an implant base member is shown. Implant base **920** comprises a tapered portion **922**, a spherical transition portion **924**, and a bone-engaging portion **926**. Bone-engaging portion **926** is tapered and includes a plurality of holes **928** which open into the central cannulated area, and may allow additional bone ingrowth. Bone-engaging portion **926** may provide a narrower profile allowing for less disturbance of the pedicle during preparation and implantation.

Referring to FIG. **20**, another alternative embodiment of an implant base member is shown. Implant base **930** comprises a tapered portion **932**, a spherical transition portion **934**, and a tapered bone-engaging portion **936**.

FIG. **21** illustrates an alternate embodiment of a fixation element, or pedicle screw **1100**. The pedicle screw **1100** has a distal threaded bone engaging portion **1168**, a shaft **1138**, and a proximal threaded attachment portion **516**. These features may be similar to, or identical to, those disclosed for fixation element **302**. Pedicle screw **1100** also has a plurality of flats **1107** arranged around the proximal end. The flats **1107** may extend along at least a portion of the proximal threaded attachment portion **516** or the shaft **1138**. In a preferred embodiment, the flats **1107** extend along the majority of the shaft **1138** and the entire proximal threaded attachment portion **516**.

Referring to FIG. **22**, the superior implant **200** is shown secured to the fixation assembly **300**. The superior implant **200** may be monolithic and includes a superior articulation surface **202** shaped to replace a natural superior articular surface of a vertebra, a ring **204**, and may include at least one notch-like gripping feature **206**. The superior implant **200** may be secured to the fixation assembly **300** in the same method as described previously for the inferior strut **104**. The ring **204** of the superior implant **200** is locked in position relative to the split sphere **306** and the base **304**. The base **304**, split sphere **306** and implant **200** may be dropped over an implanted fixation member **302**, and the top nut **308** secured on the fixation member **302** to retain the assembly. The superior implant **200** may be delivered in combination with an inferior implant **100**, and the superior articular surface **202** may be temporarily clipped to the inferior articular surface **122**.

A kit of superior implants may be provided, wherein each superior implant in the kit is a different size or shape so that a particular superior implant may be selected for implantation at a certain operative site. U.S. patent application Ser. No. 12/240,320, which is incorporated herein by reference in its entirety, describes such a kit of superior implants in terms of physical dimensions which may vary independently among the various superior implants in the kit.

Some of the physical dimensions that may change between the different sizes of superior implants are an X1 offset, a Y1 offset and a facet angle. These dimensions may be used to describe the location and orientation of the superior articular surface of the superior implant with respect to local vertebral landmarks, such as a pedicle saddle point or pedicle axis, or standard anatomical reference planes such as the sagittal plane 3. It can be appreciated that the same dimensions may be measured on one or more intact natural vertebrae in order to develop superior implants that accurately fit a majority of the patient population.

The pedicle axis may be the same as the longitudinal axis of fixation member **302**, or any other fixation member disclosed herein, after implantation into a pedicle. The pedicle axis may also be the axis passing along the center of a substantially tubular midportion of the pedicle, independent of any fixation member. The pedicle saddle point is frequently equivalent to the entry point of a fixation member into the pedicle; it may also be defined as the intersection of the pedicle axis and the posterior bone surface lateral to the superior articular process of a vertebra.

Exemplary values for the foregoing dimensions will be provided below. Although the exemplary values relate primarily to L5 superior and L4 inferior, they may apply to other combinations of vertebrae in the lower back and/or the sacrum. One or more of these variables can change between the different superior implant sizes.

For a particular superior articular surface and its immediately adjacent pedicle, the point **P1** is the most medial and anterior point on the superior articular surface. **P1** is displaced from the saddle point **S1** by an **X1** offset and a **Y1** offset. The direction of the **Y1** offset is parallel to the pedicle axis. The direction of the **X1** offset is perpendicular to the direction of the **Y1** offset. The direction of the **X1** offset is generally, but not precisely, lateral to medial with respect to the central axis of the patient's spine.

The **X1** offset for a superior implant can range from 5 mm to 30 mm. However, for the majority of patients, the **X1** offset will range from 10 mm to 20 mm. Therefore a family of superior implants can be provided with the **X1** offset varying in increments of 5 mm. Thus, sets of superior implants would be provided with **X1** offset at 10 mm, 12 mm, 14 mm, 16 mm, 18 mm, and 20 mm to cover the statistical range for the majority of the population of patients needing superior implants.

The **Y1** offset for a superior implant can range from 2 mm to 20 mm. However, for the majority of patients, the **Y1** offset will range from 5 mm to 15 mm. Therefore a family of superior implants can be provided with the **Y1** offset varying in increments of 2 mm. Thus, sets of superior implants would be provided with **Y1** offset at 5 mm, 7 mm, 9 mm, 11 mm, 13 mm, and 15 mm to cover the statistical range for the majority of the population of patients needing superior implants.

The facet angle for a superior implant is the angle that the superior articular surface makes with respect to a plane perpendicular to the pedicle axis and passing through point **P1**. The facet angle can range from 50° to 120°. However, for the majority of patients, the facet angle will range from 60° to 100°. Therefore a family of superior implants can be provided with the facet angle varying in increments of 5°. Thus, sets of superior implants would be provided with the facet angle at 60°, 65°, 70°, 75°, 80°, 85°, 90°, 95°, and 100° to cover the statistical range for the majority of the population of patients needing superior implants.

The parameters of the superior implant may include at least two dimensions that vary among the members of the kit independently of each other. Dimensions that vary independently of each other need not change according to any established relationship between the dimensions, but instead, one may change while the other remains the same between any two prostheses of the kit.

FIG. 23 presents an alternative embodiment of a superior implant **210** with an alternative embodiment of a polyaxially adjustable fixation assembly **350**. FIG. 24 presents an exploded view of fixation assembly **350**, and FIG. 25 presents a cross-sectional post-assembly view of the assembly. With reference to FIGS. 23 and 28, superior implant **210**

is distinguished from superior implant **200** by holes **216** and **218** disposed between the ring and the articular surface. With reference to FIGS. 23-25, fixation assembly **350** comprises a fixation member **352**, a tapered base **354**, a flanged split sphere **356**, a capture nut **358**, and a top nut **360**. The cannulated tapered base **354** has an inset portion **362** which may include anti-rotation features such as fins, teeth or studs. A tapered portion **364** has a threaded lumen **366**. The split sphere **356** includes a split flange **368** which encircles one open end of the sphere. The capture nut **358** has a threaded outer surface **370**, while the top nut **360** has a threaded inner surface **372**. Fixation assembly **350** may also be termed an attachment mechanism. It is appreciated that fixation assembly **350** may be substituted for fixation assembly **300** in any fixation procedure disclosed or depicted herein, and vice versa. Also, a combination of fixation assemblies **300** and **350** may be used in an implant system.

Referring to FIG. 26, a perspective view shows the inferior articular body **470** attached to a clip **550**. A direction arrow **580** indicates the direction in which the articular body and clip may be moved to align them with a superior implant **211**. The superior implant **211** may be implanted in a pedicle via fixation assembly **350** prior to alignment with the inferior articular body **470**. Using the handle **554**, the clip may be moved until the superior pins **556** fit into openings **582** on the superior implant **211**. Alternatively, clip **550** and inferior articular body **470** may be joined with an inferior strut (not shown) and with superior implant **211** into an assembly, and the assembly moved onto fixation members **352** implanted in the pedicles.

As seen in FIG. 27, when the pins **556** are fully inserted into the openings **582**, inferior articulation surface **474** is aligned with superior articulation surface **584** in a preferred orientation. At this point, an appropriately sized and configured inferior strut (not shown) may be chosen. The orientation of the inferior strut may be adjusted before being locked down to a fixation member. Additionally, a crosslink rod (not shown) may be added and locked down as the attachment mechanism is locked down. To remove the clip **550**, first the plug **570** is removed, allowing the split ends **562** to return to the first narrow configuration and making them narrow enough to be withdrawn through the tubes **472**. Then the clip **550** may be removed.

Referring to FIG. 28, clip **1200** and implant **1230** are shown gripped by a delivery tool **1300**. Additionally, superior facet implant **210** is shown coupled to fixation assembly **350**. The delivery tool **1300** comprises handles (not shown), a shaft **1302**, a hook **1304** which may be actuated to grip and release the clip **1200**, and a pair of pegs **1306**, **1308**. Upon removal of the packaging described above, the delivery tool **1300** may be connected to the clip **1200** via the hook **1304** which hooks on the connection portion **1206**, and the pegs **1306**, **1308** which protrude into the recesses **1220**, **1222**. The spacing of the pegs keeps the posts **1212**, **1218** of the clip **1200** in a proper position for coupling with the superior implant **210**. The hook **1304** may prevent premature flexure of the connection portion **1206**. The delivery tool **1300** may be manipulated to position the clip **1200** and implant **1230** such that the posts **1212**, **1218** fit into the holes **216**, **218** on the superior implant, thus properly aligning the inferior **1234** and superior **214** articulation surfaces relative to one another.

Referring to FIG. 29, a flexing tool **1320** is shown coupled to the connecting portion **1206** of the clip **1200**. Flexing tool **1320** is co-axial, and comprises handles (not seen), a shaft **1322**, and two gripping features **1324**, **1326**. The gripping features **1324**, **1326** are shaped and positioned to grip two

19

locations on the connecting portion **1206**. The flexing tool **1320** may be activated to move the gripping features **1324**, **1326** relative to one another such that the connecting portion **1206** is flexed.

Referring to FIG. **30**, inferior articular body **402** is shown coupled to superior implant **210** by clip **410**. An inferior inserter **1800** is also coupled to the clip **410**. Optionally, the inferior articular body **402** may be assembled to other components of the inferior facet joint implant **400** (FIG. **8**). A split sphere **306** or **356** may be provided with the inferior implant **400** or the superior implant **210**. Furthermore, the superior implant **210** may already be locked to a fixation assembly implanted in a pedicle. However, these additional components are not shown in FIG. **30** for clarity. Inferior articular body **402** is coupled to superior implant **210** by clip **410** in a manner similar to that described for inferior articular body **470**, clip **550**, and superior implant **211** (FIG. **26**) and inferior articular body **1230**, clip **1200**, and superior implant **210** (FIG. **28**). The inferior inserter **1800** may be used to position the clip **410** and inferior articular body **402** so that the prongs **416** of clip **410** engage the holes **216** and **218** of the superior implant **210** so that the inferior articulation surface **122** is properly aligned to the superior articulation surface **214**.

The coupling clips disclosed herein may be made in a variety of sizes, and with varied dimensions, to fit implants configured for different vertebral levels. Other embodiments of clips may include different deformable retention features, different alignment features, and/or different features shaped to receive the superior and inferior implants. Coupling clips without deformable features or plugs, and/or with other attachment features are contemplated within the scope of the invention. In addition, trial clips in a variety of sizes and configurations may be provided, to allow the practitioner to choose the correct size or configuration of implant. Trial clips may include integrated superior and/or inferior implant trial components. A trial clip and implant may be used to select the proper length of inferior strut to match an offset distance between the vertebrae. Specifically, fixation members and base members may be secured in adjacent vertebrae, and a succession of trials, each comprising a clip retaining an inferior and optionally a superior implant may be positioned on the bases, until the proper length of inferior strut is determined. Then the sterile package containing the proper choice of clip and implants may be opened and the appropriate clip and implants secured to the base members. Use of the trials prevents practitioners from unnecessarily opening more than one sterile package of implants to determine a correct fit.

The facet joint replacement system **10** described above, and alternate embodiments thereof, may be implanted using a set of surgical instruments. At least some of the surgical instruments may be specifically designed to facilitate implantation of one or more implant embodiments disclosed herein. Selected surgical instruments that may facilitate implantation of one or more embodiments of the facet joint replacement system will now be described.

FIGS. **31-36** illustrate a first embodiment of a pedicle screw driver **1130**. The screw driver **1130** comprises an outer sleeve **1101**, an inner shaft **1102**, a handle **1111**, a lever **1110**, a coupling element **1121**, and a torque fitting **1104**.

The outer sleeve **1101** is generally tubular and may be windowed. The inner surface of the outer sleeve **1101** may have one or more tabs **1105** near the distal end **1106**. The tabs **1105** may be formed on a separate distal tip portion which is subsequently affixed to the remaining portion of outer sleeve **1101**, as is shown in FIGS. **31-36**, or the tabs

20

1105 may be formed as separate parts which are affixed to a unitary outer sleeve **1101**. The tabs **1105** may also be integrally formed with the outer sleeve **1101**. The distal end **1106** of the outer sleeve **1101** may optionally comprise a replaceable burr or reamer with end cutting flutes or side cutting flutes, or both. End cutting flutes, if present, may extend only partway from the outer diameter of outer sleeve **1101** toward the inner surface so that a non-fluted annular region is present.

The inner shaft **1102** slides within the outer sleeve **1101**, and is held in a fixed rotational alignment to the outer sleeve **1101**, as will be described below. The inner shaft **1102** has a collet **1112** on the distal end, as is best seen in FIGS. **31** and **33-35**. The collet **1112** comprises a center bore **1113** surrounded by a plurality of flexible prongs **1103** separated by slots **1114**. The center bore **1113** may be fabricated with a precisely controlled predetermined depth from the open end of the collet **1112**. In the free state, i.e., when subject to no external forces, the prongs **1103** flare toward the open end of the collet **1112**. When the collet **1112** slides within the distal end **1106** of outer sleeve **1101**, the prongs **1103** are compressed toward the center bore **1113** by the inner surface of the outer sleeve **1101**. The one or more tabs **1105**, if present, slide into one or more corresponding slots **1114** in the collet **1112** to fix the rotational alignment of the collet **1112** to the outer sleeve **1101**. One or more of the inner walls **1115** of the prongs **1103** may be flattened so that the center bore **1113** is non-circular or polygonal in cross section.

The handle **1111** is rigidly fixed to the proximal end of the outer sleeve **1101**, and is generally tubular. The ends of handle **1111** may be reduced in diameter to blend with the outer diameter of the outer sleeve **1101**. The handle **1111** may have a slot **1118** through which the lever **1110** protrudes.

The lever **1110** is pivotally attached to the handle **1111** by pins **1122** and to the coupling element **1121** by pin **1119**. In the embodiment shown, the lever **1110** protrudes through slot **1118** in the handle **1111**. The lever **1110** pivots between a first position, in which the lever **1110** lies generally flat against the handle **1111**, and a second position, in which the free end of the lever **1110** lifts away from the handle **1111**. The coupling element **1121** comprises a curved bar which is pivotally attached to the inner shaft **1102** by pin **1120**. Thus, the lever **1110**, coupling element **1121**, and inner shaft **1102** form a mechanical linkage **1124** which is pinned to handle **1111** by pins **1122**. The linkage **1124** turns rotational motion of the lever **1110** into linear translation of the inner shaft **1102** within the outer sleeve **1101**. The linkage **1124** also holds inner shaft **1102** in a fixed rotational alignment to the outer sleeve **1101**.

The torque fitting **1104** is rigidly fixed to the proximal end of the handle **1111**. In the embodiment shown, the torque fitting **1104** is a shaft **1126** terminating in a square tip **1128** suitable for connection to a modular handle or power driver (not shown). However, other torque fittings are contemplated, such as a hexagonal tip, threads, or other fittings as are known in the art. The handle **1111** itself may serve as a manual torque fitting **1104**.

The outer sleeve **1101** and inner shaft **1102** of the screw driver **1130** cooperate to form a screw coupling **1116** that releasably couples the screw driver **1130** to a fixation element such as pedicle screw **1100** (FIG. **21**). In the embodiment illustrated in FIGS. **31-36**, the screw coupling **1116** is formed by the collet **1112** at the distal end of the inner shaft **1102** and the distal end **1106** of the outer sleeve **1101** adjacent to the collet **1112**. The distal end **1106** of outer sleeve **1101** forms a socket **1117** around the collet **1112**, and

21

the center bore 1113 of collet 1112 forms a socket around the pedicle screw 1100. The screw coupling 1116 has an unlocked configuration, in which the pedicle screw 1100 and the screw driver 1130 are separable. The screw coupling 1116 also has a locked configuration, in which the pedicle screw 1100 and the screw driver 1130 are inseparable. Furthermore, in the locked configuration, the screw coupling 1116 transmits torque from the screw driver 1130 to the pedicle screw 1100 in order to thread the pedicle screw 1100 into a pedicle or other part of a bone.

When the free end of the lever 1110 is lifted away from the handle 1111, the lever 1110 rotates about pins 1122. A first end 1132 of coupling element 1121 also rotates about pins 1122, because coupling element 1121 is pivotally attached to the lever 1110 by pin 1119. As the first end 1132 of coupling element 1121 rotates, it moves toward the distal end 1106 of the outer sleeve 1101; it also pushes a second end 1134 of coupling element 1121 toward the distal end 1106 of the outer sleeve 1101. A proximal end 1136 of the inner shaft 1102 is also pushed toward the distal end of the screw driver 1130, because it is pivotally attached to the second end 1134 of the coupling element 1121 by pin 1120. The curved shape of coupling element 1121 allows it to flex, or behave as a spring, in response to the applied forces on the first end 1132 and any resisting forces on the second end 1134. Inner shaft 1102 is only capable of linear translation within outer sleeve 1101, due to the constraints imposed by outer sleeve 1101, handle 1111, lever 1110, and coupling element 1121. Thus, when the free end of the lever 1110 is lifted away from the handle 1111, the proximal end 1136 of the inner shaft translates toward the distal end 1106 of the outer sleeve 1101 such that at least a portion of the distal collet 1112 protrudes past the distal end 1106 of the outer sleeve 1101. In this position, the inner surface of outer sleeve 1101 does not touch the collet 1112, so the prongs 1103 flare toward the open end of the collet 1112. This configuration of the screw driver 1130 is called the unlocked configuration because the collet 1112 is unconstrained by the outer sleeve 1101 and the prongs 1103 flare open to receive the pedicle screw 1100 in the center bore 1113, as will be described presently. Thus, the unlocked configuration of the screw driver 1130 corresponds to the unlocked configuration of the screw coupling 1116.

When the lever 1110 is rotated to lie generally flat against the handle 1111, the first end 1132 of coupling element 1121 moves away from the distal end 1106 of the outer sleeve 1101; it also pulls the second end 1134 of coupling element 1121 away from the distal end 1106 of the outer sleeve 1101. The proximal end 1136 of the inner shaft 1102 is also pulled away from the distal end 1106 of the outer sleeve 1101. The curved shape of coupling element 1121 allows it to flex, or behave as a spring, in response to the applied forces on the first end 1132 and any resisting forces on the second end 1134. Thus, when the lever 1110 lies generally flat against the handle 1111, the proximal end 1136 of the inner shaft 1102 translates away from the distal end 1106 of the outer sleeve 1101 such that a substantial portion of the distal collet 1112 is retracted within the distal end 1106 of the outer sleeve 1101. In a preferred embodiment, the open end of the collet 1112 is precisely aligned with the distal end 1106 of the outer sleeve 1101 such that the center bore 1113 is at a precisely controlled predetermined depth from the distal end 1106 of the outer sleeve 1101. In this position, the inner surface of outer sleeve 1101 contacts the collet 1112, compressing the prongs 1103 toward the center bore 1113 as described above. The one or more tabs 1105, if present, engage one or more corresponding slots 1114 in the collet

22

1112 as described above. This configuration of the screw driver 1130 is called the locked configuration because the collet 1112 is compressed by the outer sleeve 1101 so that the prongs 1103 will grasp a pedicle screw 1100 in the center bore 1113, as will be described below. Thus, the locked configuration of the screw driver 1130 corresponds to the locked configuration of the screw coupling 1116.

FIGS. 37A-38E illustrate a second embodiment of a pedicle screw driver 1140. In this embodiment, the screw driver 1140 comprises an outer sleeve 1142 and an inner shaft 1144 which differ from the previous embodiment, as well as a handle 1146, a lever 1148, a coupling element 1150, and a torque fitting 1152 which may be similar or identical to those described for screw driver 1130.

The outer sleeve 1142 is generally tubular and may be windowed. The inner surface of the outer sleeve 1142 has internal threads extending from a distal end 1164 along at least a portion of the length of the outer sleeve 1142. The internal threads are complementary to the external threads on the proximal attachment portion 516 of pedicle screw 1100. In other regards, the outer sleeve 1142 may be similar or identical to the outer sleeve 1101 described for screw driver 1130. The distal end 1164 of the outer sleeve 1142 may optionally comprise a replaceable bun or reamer, as described for screw driver 1130.

The inner shaft 1144 slides within the outer sleeve 1142, and is held in a fixed rotational alignment to the outer sleeve 1142. The inner shaft 1144 terminates in a blunt distal end 1160. In other regards, the inner shaft 1144 may be similar or identical to the inner shaft 1102 described for the previous embodiment.

The handle 1146, lever 1148, and coupling element 1150 depicted for screw driver 1140 may differ in appearance from, but may retain the same function as, those described for screw driver 1130. In this embodiment, handle 1146 serves as a manual torque fitting 1152.

The outer sleeve 1142 and inner shaft 1144 of the screw driver 1140 cooperate to form a screw coupling 1162 that releasably couples the screw driver 1140 to pedicle screw 1100. In the embodiment illustrated in FIGS. 37-38, the screw coupling 1162 is formed by the blunt end 1160 of the inner shaft 1144 and the internally threaded distal end 1164 of the outer sleeve 1142. The distal end 1164 of the outer sleeve 1142 forms a socket 1166 around the fixation element and the distal end 1160 of the inner shaft 1144 serves as the bottom of the socket 1166. The screw coupling 1162 has an unlocked configuration, in which the fixation element and the screw driver 1140 are separable. The screw coupling 1162 also has a locked configuration, in which the fixation element and the driver 1140 are inseparable. Furthermore, in the locked configuration, the screw coupling 1162 transmits torque from the driver 1140 to the fixation element in order to thread the fixation element into a pedicle or other part of a bone.

The operation of the lever 1148 to select the unlocked or locked configuration is as described above with regard to screw driver 1130. However, due to the relative locations of the pivot points between the lever 1148 and handle 1146 and between the lever 1148 and a first end of the coupling element 1150, the motion of inner shaft 1144 is reversed compared to screw driver 1130. When the free end of the lever 1148 is lifted away from the handle 1146, the inner shaft 1144 is pulled away from the distal end of the outer sleeve 1142. When the lever 1148 is rotated to lie generally flat against the handle 1146, the inner shaft 1144 is pushed toward the threaded distal end 1164 of the outer sleeve 1142. In a preferred embodiment, the blunt distal end 1160 of the

23

inner shaft **1144** may lie at a precisely controlled predetermined depth relative to the threaded distal end **1164** of the outer sleeve **1142** when screw driver **1140** is in the locked position.

It can be appreciated that the screw driver **1140** may also be used with fixation member **302** or **352**, since the screw coupling **1162** is configured to engage the proximal threads and the proximal end of the fixation member.

The lever and coupling element may be replaced in alternate embodiment screw drivers with other means of selecting between the unlocked and locked configurations. For example, the lever and coupling element may be replaced with a mechanism that includes a knob that threads directly or indirectly to the inner shaft to move the inner shaft with respect to the outer sleeve. In such an embodiment, turning the knob clockwise, for example, may move the inner shaft away from the distal end of the outer sleeve, while turning the knob counterclockwise may move the inner shaft toward the distal end of the outer sleeve.

FIG. **39** illustrates an embodiment of a base reamer **1250**. The base reamer **1250** comprises a replaceable reamer tip **1252**, an outer sleeve **1254**, an optional inner shaft **1256**, and a torque fitting **1258**. The base reamer **1250** may cooperate with a shield (not shown), which may be a tube sized to slide over at least the reamer tip **1252** to isolate the reamer tip **1252** from surrounding soft tissues.

The replaceable reamer tip **1252** comprises a first cutting portion **1260**, a second cutting portion **1262**, a center bore **1274** and a shaft portion **1264**. The first cutting portion **1260** and second cutting portion **1262** may be configured to correspond to a particular implant base embodiment. Therefore, a set of reamer tips may be provided, wherein each reamer tip in the set corresponds to a different implant base configuration. The first cutting portion **1260** is at the distal end of the reamer tip **1252**, and may comprise side cutting flutes **1266**, or end cutting flutes **1268**, or both. An embodiment having both side- **1266** and end-cutting **1268** flutes is shown in FIG. **39**. First cutting portion **1260** may cut a cylindrical hole, a conical hole, or some other shape. First cutting portion **1260** may be windowed, as shown. The second cutting portion **1262** is proximally adjacent to first cutting portion **1260**, and may comprise side cutting flutes **1270**, or end cutting flutes **1272**, or both. An embodiment having both side- **1270** and end-cutting **1272** flutes is shown in FIG. **39**. Second cutting portion **1262** cuts a larger diameter hole adjacent to the hole cut by first cutting portion **1260**. The transition between the smaller diameter of first cutting portion **1260** and the larger diameter of second cutting portion **1262** may be flat as shown, i.e., perpendicular to the center axis **1261** of the cutting portions **1260**, **1262**, conical, convex, concave, or it may comprise a gradually curving transition, depending on the configuration of the corresponding implant base. For at least some embodiments, the combined transition and larger diameter hole can be considered a counterbore or a spot face. A counterbore is a larger diameter added at the open end of a smaller diameter hole, with a flat surface between the two diameters, which may be for the purpose of creating a recessed space for the head of a fastener. A spot face is a shallow, larger diameter added at the top of a hole, which may be for the purpose of creating a flat surface around the hole. Center bore **1274** extends through the full length of reamer tip **1252**. Bore **1274** is sized to spin freely over the proximal threaded attachment portion and shaft of any of the fixation members or pedicle screws described herein. Shaft portion **1264** comprises a threaded interconnection **1265** to removably connect reamer tip **1252** to outer sleeve **1254**, although other

24

interconnections that permit the reamer tip **1252** to be exchanged on the outer sleeve **1254** are contemplated within the scope of this invention.

Outer sleeve **1254** is generally tubular. Outer sleeve **1254** may have one or more proximal windows **1276** and an external target such as line **1278** shown in FIG. **39**.

Optional inner shaft **1256**, if present, is slidably retained within outer sleeve **1254**. Inner shaft **1256** comprises a depth indicator portion **1286** at or near the proximal end **1290** of inner shaft **1256**. The depth indicator portion **1286** is marked with a line **1288**. Inner shaft **1256** also comprises a blunt distal end **1292** that extends into the bore **1274** of the reamer tip **1252**.

Torque fitting **1258** is rigidly affixed to the proximal end of the outer sleeve **1254**. In the embodiment shown, the torque fitting **1258** is a shaft **1282** terminating in a quick connect tip **1284** suitable for connection to a modular handle or power driver (not shown). However, other torque fittings are contemplated, such as a square tip, hexagonal tip, threads, manual handle, or other fittings known in the art. In the embodiment shown, a proximal interior end surface **1280** of torque fitting **1258** closes the proximal end of outer sleeve **1254**, although in alternate embodiments the proximal end of outer sleeve **1254** may be closed by another component part, or by an intrinsic portion of outer sleeve **1254**.

Inner shaft **1256** slides between a distal limit and a proximal limit. The distal limit may occur when a protruding distal edge of depth indicator portion **1286** contacts a distal edge of proximal window **1276** on outer sleeve **1254**. However, the distal limit may occur when another portion of the inner shaft **1256** contacts a portion of the base reamer **1250**. When inner shaft **1256** is at its distal limit, its blunt distal end **1292** is at its closest approach to the distal end of the reamer tip **1252**, and the line **1288** is distal to the target line **1278** on outer sleeve **1254**. In the embodiment shown, the proximal limit occurs when the proximal end **1290** of inner shaft **1256** abuts the proximal interior end surface **1280** of torque fitting **1258**. However, the proximal limit may occur when another portion of the inner shaft **1256** contacts a portion of the base reamer **1250**. When inner shaft **1256** is at its proximal limit, the blunt distal end **1292** may be at a precisely controlled predetermined depth from a reference feature, such as the distal end of the reamer tip **1252**, and the line **1288** may be precisely aligned with the target line **1278** on outer sleeve **1254**.

FIG. **40** illustrates an embodiment of a base broach **1350**. The base broach **1350** comprises a replaceable broach tip **1352**, an outer sleeve **1354**, an optional inner shaft (not shown), and a hammer handle **1358**. The base broach **1350** may cooperate with the shield described previously.

The replaceable broach tip **1352** comprises a body **1360**, an optional flange **1362**, a center bore **1364**, and a shaft portion **1366**. The body **1360** and optional flange **1362** may be configured to correspond to a particular implant base embodiment. Therefore, a set of broach tips may be provided, wherein each broach tip in the set corresponds to a different implant base configuration. The body **1360** may comprise a plurality of optional fins **1368** if the corresponding implant base has fins or other similar projections. The fins **1368**, if present, may be provided with cutting features, such as teeth, serrations **1370**, or blades. The optional flange **1362** forms a shelf proximally adjacent to the body **1360** and corresponding to a flanged implant base. The center bore **1364** comprises a diameter **1384** sized to slip over the proximal threaded attachment portion and shaft of any of the fixation members disclosed herein. The center bore **1364**

25

may further comprise a plurality of flats **1372** corresponding in number to, and sized to slip over, the flats **1107** on pedicle screw **1100**. In this case, the broach tip **1352** would be dedicated for use only with fixation members having a corresponding plurality of flats **1107**. The shaft portion **1366** comprises an interconnection **1374** to removably connect broach tip **1352** to outer sleeve **1354**, and it may be similar or identical to the shaft portion **1264** described above with regard to the base reamer **1250**.

The outer sleeve **1354** is generally tubular. Outer sleeve **1354** may have one or more proximal windows **1376** and an external target such as a line (not shown) similar to line **1278** of outer sleeve **1254** of base reamer **1250**. Outer sleeve **1354** may be functionally or physically similar or identical to outer sleeve **1254**.

The optional inner shaft, if present, is slidably retained within outer sleeve **1354**. The inner shaft may be functionally or physically similar or identical to inner shaft **1256** of base reamer **1250**.

The hammer handle **1358** comprises a solid shaft **1378** between two sturdy flange portions **1380**, **1382**. The shaft **1378** and flange portions **1380**, **1382** may be integrally formed, permanently assembled, such as by welding separate pieces, or separably assembled. In the embodiment shown, hammer handle **1358** is configured with a distal bore to rigidly affix to outer sleeve **1354**. Alternatively, the hammer handle **1358** may be integrally formed with the outer sleeve **1354**. At least one of the flange portions **1380**, **1382** may have a feature, such as flat **1386**, to indicate the orientation of any fins or other projections on the broach tip **1352**.

FIGS. **41-42** illustrate the base inserter **1400** alone and in combination with modular handle **1410**.

In this embodiment, the base inserter **1400** comprises a monolithic shaft with a distal end **1402** and a proximal end **1404**. The distal end **1402** has a bore **1406**, which may comprise a precisely controlled predetermined depth, and a threaded portion **1408**, whose threads cooperate with the threaded lumens of implant base **354** or **870**. The proximal end **1404** comprises a threaded portion **1412** and terminates in a flattened portion **1414**.

The modular handle **1410** comprises a distal collet **1416**, an interior slot **1418**, an outer sleeve **1420**, a spring **1422**, and a proximal platform **1424**. Handle **1410** may be characterized as a quick connect handle because it can be attached and removed from an instrument shaft, such as base inserter **1400**, faster than, for example, threading a handle onto a shaft. The collet **1416** has a plurality of prongs **1426** which flare toward the open end of the collet **1416** in the free state. The prongs **1426** have threads **1428** on their inner faces which cooperate with the threads **1412** on the base inserter **1400** when the collet **1416** is retracted within outer sleeve **1420**. The collet **1416** is rigidly assembled to slot **1418**, which is shaped and sized to surround and cooperate with the flattened portion **1414** on the base inserter **1400**. The collet **1416** and the slot **1418** are rigidly assembled to, or integrally formed with, the platform **1424**. The outer sleeve **1420** slides over the collet **1416** such that the prongs **1426** are compressed together when the collet **1416** is retracted within the outer sleeve **1420**, and uncompressed when the collet **1416** extends at least partially out of the outer sleeve **1420**. The spring **1422** biases the outer sleeve **1420** toward the open end of the collet **1416** so that the collet **1416** is normally compressed. The collet **1416** opens only when the outer sleeve **1420** slides toward the proximal platform **1424** against the resistance of spring **1422**.

26

In an alternate embodiment (not shown), a base inserter may comprise a depth stop or depth indicator assembly that is functionally or physically similar or identical to the outer sleeve **1254** and inner shaft **1256** described previously with regard to the base reamer **1250**.

In another alternate embodiment (not shown), a base inserter may comprise a lobed distal tip corresponding to the tool engagement rims of implant base **304**, **850**, **880**, **890**, **900**, **910**, **920**, or **930** instead of the threads **1408** disclosed for base inserter **1400**.

FIG. **43** illustrates an inserter **1500** for a superior facet joint implant, such as implant **210** disclosed herein. The superior inserter **1500** comprises a fixed jaw **1502**, a moveable jaw **1504**, a bar **1506**, a lever **1508**, and a handle **1510**.

The fixed jaw **1502** comprises a shaft **1512**, with a distal arm **1514** terminating in a tab **1516**, and an elbow **1518** at the proximal end. The shaft **1512** may be grooved along at least one side, as shown. The tab **1516** is sized and shaped to fit into a first notch **206** on superior facet joint implant **210**. Because the tab **1516** and notch **206** are noncircular, their engagement assures a particular orientation between the superior implant **210** and the inserter **1500**. The elbow **1518** creates a visually obvious angle with respect to the shaft **1512**, and may preferably be 90 degrees.

The moveable jaw **1504** is hinged to the fixed jaw **1502** between the shaft **1512** and arm **1514**. The moveable jaw **1504** comprises an arm **1520** terminating in a tab **1522**. The moveable jaw **1504** is hinged to the fixed jaw **1502** such that the arm **1520** is aligned opposite the arm **1514** and the tab **1522** is aligned opposite the tab **1516**. The tab **1522** is sized and shaped to fit into a second notch **206** on superior facet joint implant **200** or **210**. Because the tab **1522** and notch **206** are noncircular, their engagement assures a particular orientation between the implant **200** or **210** and the inserter **1500**.

A first end of the bar **1506** is hinged to the moveable jaw **1504** at an end opposite the tab **1522**. Furthermore, the hinge **1507** (not shown) between the bar **1506** and the moveable jaw **1504** is offset from the hinge **1505** between the moveable jaw **1504** and the fixed jaw **1502**, although the two hinges may be close together. A second end of the bar **1506** is hinged to the lever **1508**.

The lever **1508** is hinged to the fixed jaw **1502** at or near the elbow **1518**. The lever **1508** is also hinged to the second end of the bar **1506**. The hinge **1509** between the lever **1508** and the bar **1506** is offset from the hinge **1511** between the lever **1508** and the fixed jaw **1502**, although the two hinges may be close together.

The handle **1510** is secured to the fixed jaw **1502** at or near a free end of the elbow **1518**, such that the handle **1510** lies in the same plane as the shaft **1512** and elbow **1518**. The handle **1510** extends along the angle established by the elbow **1518** with respect to the shaft **1512** so that the angle is more readily distinguished.

The lever **1508**, bar **1506**, moveable jaw **1504**, and hinges **1505**, **1507**, **1509**, **1511** cooperate to provide a mechanism that allows the surgeon to open the moveable jaw **1504** by lifting the lever **1508**, and close the moveable jaw **1504** by depressing the lever **1508**.

FIGS. **43-44** illustrate an embodiment of a lockout tool **1600**. The lockout tool **1600** comprises a tube **1602**, a hub **1604**, a drive sleeve **1606**, two links **1608**, a first handle **1610**, a second handle **1612**, and six pins **1614**.

The tube **1602** comprises a distal end **1616** and a proximal end **1618**. The distal end **1616** may or may not have a reduced diameter **1620** compared to a midportion **1622** of

27

the tube 1602. The proximal end 1618 has a reduced diameter 1624 compared to the midportion 1622 of the tube 1602.

The hub 1604 comprises a center body 1626 with a through hole 1628. The center body 1626 has two ears or projections 1630 that extend from opposite sides of the body. Each projection 1630 has a through hole 1632 sized to receive a pin 1614. The through holes 1632 in the projections 1630 are oriented perpendicular to the through hole 1628 in the body 1626, and parallel to each other. The hub 1604 fits over the proximal reduced diameter 1624 immediately adjacent to the midportion 1622 of the tube 1602. The hub 1604 is securely fixed to the tube 1602, or the hub 1604 may be integrally formed with the tube 1602.

The drive sleeve 1606 comprises a center body 1634 with a through hole 1636. Two ears or projections 1638 extend from one side of the body 1634. The projections 1638 are aligned with each other so as to bracket a space between them. A hole 1640 extends through both projections 1638. The hole 1640 is sized to receive a pin 1614. The hole 1640 in the projections 1638 is oriented perpendicular to the through hole 1636 in the body 1634. Two more identical projections 1642 extend from the opposite side of the body 1634 and have hole 1643 passing through them. The drive sleeve 1606 fits over the proximal reduced diameter 1624 immediately adjacent to the hub 1604. The drive sleeve 1606 is able to slide along the reduced diameter 1624.

The link 1608 in this embodiment is a flat bar with an oval profile. Each end of the link 1608 is pierced with a hole 1644 sized to receive a pin 1614. The holes 1644 are oriented perpendicular to the opposed flat faces of the link 1608 and parallel to each other. One end of a first link 1608 is hinged between projections 1638 on drive sleeve 1606 by pin 1614, and one end of a second link 1608 is hinged between projections 1642 by a second pin 1614.

The first handle 1610 is a flat, generally elongate bar with an elbow 1646 or dogleg at its distal end 1648. The elbow 1646 comprises two ears or projections 1650 that extend from the main portion of the first handle 1610. The projections 1650 are aligned with each other so as to bracket a space between them. Two holes 1652 extend through both projections 1650. The holes 1652 are sized to receive pins 1614. The holes 1652 are oriented perpendicular to the opposed flat faces of the first handle 1610 and parallel to each other. A first hole 1652, which is closer to the free end of the elbow 1646, hinges the first handle 1610 to a first projection 1630 on hub 1604 by a pin 1614. A second hole 1652, which is closer to the bend of the elbow 1646, hinges the first handle 1610 to a second end of the first link 1608. As the first handle 1610 rotates about its hinge with the hub 1604, its hinge with link 1608 rotates as well, causing the link 1608 to push or pull on its hinge with the drive sleeve 1606. Thus, rotating the first handle 1610 causes the drive sleeve 1606 to slide along the proximal reduced diameter 1624 of the tube 1602.

The second handle 1612 is also a flat, generally elongate bar with an elbow 1654 or dogleg at its distal end 1656. The second handle 1612 further comprises a projection 1658 from its midsection 1660. The elbow 1654 comprises two ears or projections 1662 that extend from the main portion of the second handle 1612. The projections 1662 are aligned with each other so as to bracket a space between them. Two holes 1664 extend through both projections 1662. The holes 1664 are sized to receive pins 1614. The holes 1664 are oriented perpendicular to the opposed flat faces of the second handle 1612 and parallel to each other. A first hole 1664, which is closer to the free end of the elbow 1654,

28

hinges the second handle 1612 to a second projection 1630 on hub 1604 by a pin 1614. A second hole 1664, which is closer to the bend of the elbow 1654, hinges the second handle 1612 to a second end of the second link 1608. As the second handle 1612 rotates about its hinge with the hub 1604, its hinge with link 1608 rotates as well, causing the link 1608 to push or pull on its hinge with the drive sleeve 1606. Thus, rotating the second handle 1612 also causes the drive sleeve 1606 to slide along the proximal reduced diameter 1624 of the tube 1602.

The projection 1658 extends from the midsection 1660 of the second handle 1612 on the side opposite the elbow 1654. In the embodiment shown, the projection 1658 is generally arcuate. The projection 1658 is preferably spaced about a hands'-span from the proximal end 1666 of the second handle 1612. The second handle 1612 may also comprise an integral plate 1668. If present, the plate 1668 is located between the opposed flat faces of the second handle 1612. The plate 1668 may extend from the distal end 1656 to a point just past the projection 1658. The plate 1668 is separated from the rest of the second handle 1612 by a slot 1670 which borders three sides of the plate 1668 so that the plate connects to the second handle 1612 only at the distal end 1656. The slot 1670 is cut parallel to the opposed flat faces of the second handle 1612. The plate 1668 serves a passive role as an indicator of the force applied to the first and second handles 1610, 1612 of the lockout tool 1600. As the user grips the handles 1610, 1612 with increasing force, the handles 1610, 1612 will deflect proportionately. The plate 1668 is subject to no force and therefore experiences no deflection. As the handle 1612 deflects, it appears as though plate 1668 emerges from its slot 1670 in handle 1612, particularly at projection 1658. The deflection of handle 1612 may be calibrated so that a first line 1670 marked across plate 1668 and projection 1658 aligns with a second line 1672 marked across projection 1658 when an appropriate grip force has been applied to the handles 1610, 1612.

FIGS. 45-46 illustrate an embodiment of an inferior trial assembly 1700. Inferior trial 1700 comprises a trial strut 1702, a trial sphere 1704, a trial shell 1708, a trial ball 1706, and a retaining ring 1710. Inferior trial 1700 substantially mimics inferior facet joint implant 100 (FIGS. 1-6).

The trial strut 1702 substantially mimics the inferior strut 104 of inferior facet joint implant 100. The trial strut 1702 is generally elongated, with a central portion 1740, a first end which is a ring 1742, and a second end which is a strut post 1744. The central portion 1740 may be shaped to smoothly transition from the ring 1742 to the strut post 1744, and may be straight, bent or curved. The ring 1742 may be a generally circular feature with a center point 1746 and opposed end faces 1748 which are substantially planar and parallel. The ring 1742 may be set at an angle relative to the central portion 1740 or the strut post 1744. The strut post 1744 may be a generally cylindrical feature with a center axis 1750. The strut post 1744 may have a groove 1752 at or near its free end. The strut post 1744 may be at an angle relative to the central portion 1740 and the ring 1742. A kit of trial struts may be provided, wherein each trial strut corresponds to a matching inferior implant strut.

More precisely, each trial strut may be constructed so that the tip of the strut post is offset from the center point of the ring by one or more of the X2 offset, the Y2 offset, and the Z2 offset described previously with regard to the inferior implant strut 104.

The trial sphere 1704 substantially mimics the split spheres 306 or 356 shown in FIGS. 5-10. The trial sphere

1704 is sized to fit over the tapered portion of an implant base, and may have a tapered inner wall 1756. The inner wall 1756 may alternatively comprise one or more discrete diameters. The trial sphere 1704 may also have a flange 1754 which encircles one open end of the trial sphere 1704. The trial sphere 1704 lacks any slits, and is therefore not expandable like the split spheres 306 or 356. The trial sphere 1704 is polyaxially mobile within the ring 1742 of the trial strut 1702 in the same way that split spheres 306 or 356 engage the ring 182 of the inferior strut 104.

The trial shell 1708 comprises an articular body portion 1722 that substantially mimics the inferior articular body 102 shown in FIGS. 1-4. Trial shell 1708 also incorporates a clip portion 1724 which is similar to clip 550 shown in FIGS. 12-14 or clip 1200 shown in FIGS. 23-25.

The articular body portion 1722 has a substantially concave interior cavity 1712 which is defined by an interior wall 1714. A first chamfered opening 1716 and a second chamfered opening 1718 in the articular body portion 1722 create a passageway through which a portion of the trial strut 1702 may fit when the inferior trial 1700 is assembled. A third opening 1720, which may also be chamfered, is situated orthogonal to the first and second chamfered openings 1716, 1718. The chamfered openings 1716, 1718, 1720 may provide additional range of motion between the trial shell 1708 and the trial strut 1702 as the trial shell 1708 is polyaxially adjusted to fit the patient's anatomy. A trial inferior articular surface 1722 is located on the exterior of the articular body portion 1722, and is shaped like inferior articular surface 122 of inferior facet implant 100. However, trial inferior articular surface 1722 may be offset, or recessed into the articular body portion 1722, compared to inferior articular surface 122.

The clip portion 1724 comprises a body 1726, which is connected to the articular body portion 1722 between the third opening 1720 and the trial inferior articular surface 1722, and a pair of parallel pins 1728 which extend beside the trial inferior articular surface 1722. The body 1726 may be integrally formed with the articular body portion 1722. The body 1726 forms a collar 1734 surrounding a hole 1730, which may be substantially parallel to the pins 1728. The hole 1730 may extend through the body 1726, and may step down to a smaller diameter 1732 at the end closest to the pins 1728. At the same end, the collar 1734 may flare into a platform 1736 to which the pins 1728 are connected. The pins 1728 may be integrally formed with the platform 1736. The pins 1728 may step down to a smaller diameter 1738 at their free ends.

The trial ball 1706 substantially mimics the attachment mechanism 106 shown in FIGS. 1-4. More specifically, the trial ball 1706 mimics the functions of the conical expander 126 and split shell 128. The trial ball 1706 comprises a sphere 1758 with a blunt post 1760 extending from the sphere 1758. The sphere 1758 has a through hole 1762 through its center and perpendicular to the post 1760. The sphere 1758 may also have a slit 1764 which is on the side opposite the post 1760 and which extends the length of the hole 1762. The trial ball 1706 is polyaxially mobile within the cavity 1712 of the trial shell 1708 in the same way that conical expander 126 and split shell 128 engage the cavity 112 of the inferior articular body 102. The sphere 1758 fits inside the cavity 1712, the post 1760 extends through the third opening 1720, and the hole 1762 slides over the strut post 1744.

The retaining ring 1710 is circular with a gap 1766. The retaining ring 1710 fits snugly in the groove 1752 on the trial strut 1702. The retaining ring 1710 prevents the trial ball

1706 and trial shell 1708 from sliding off the free end of the strut post 1744 after the inferior trial 1700 has been assembled.

A first embodiment of an inferior inserter 1800 is shown in FIGS. 47-48. The inferior inserter 1800 comprises an inner shaft 1802, a follower shaft 1804, an outer sleeve 1806, a fixed handle 1808, a movable handle 1810, a lever 1812, a rod 1814, a spring 1816, a collar 1818, a small pin 1820, three medium pins 1822, and a large pin 1824.

The inner shaft 1802 is generally cylindrical with a flared distal end 1826 and a cross hole 1828 through a proximal end 1829.

The follower shaft 1804 is generally cylindrical with a distal socket 1830 and cross hole 1832, and a proximal tab end 1834 with opposing flat faces 1836. Each proximal face 1836 has a cylindrical prong 1838 extending from it. Alternatively, a separate pin may be secured through the tab end 1834 so that the pin extends from the flat faces 1836. The socket 1830 is sized to receive the proximal end 1829 of the inner shaft 1802. The follower shaft 1804 is fixed to the inner shaft 1802 by passing a small pin 1820 through the cross holes 1828, 1832.

The outer sleeve 1806 is generally tubular and may be windowed. The distal end 1840 has a reduced diameter tip 1842 which is split into four prongs 1844 by four slots 1846. The inside diameter of the outer sleeve 1806 flares toward the distal end 1840. The proximal end 1848 of the outer sleeve 1806 may also have a reduced diameter 1850, which may be different from the distal tip diameter 1842. The inside diameter of the outer sleeve 1806 may step up to a larger diameter at a location proximal to the reduced-diameter distal tip 1842. The outer sleeve 1806 slides over the inner shaft 1802. The flared inside diameter of the distal tip 1840 of the outer sleeve 1806 fits over the flared distal end 1826 of the inner shaft 1802.

The fixed handle 1808 comprises an arm 1852 with an elbow 1854 at a first end. A second end of the arm 1852 may terminate in a loop 1856 sized to fit one or more fingers or the whole hand. The arm 1852 has a window 1858 through its midsection, in a direction generally parallel to the free end of the elbow 1854. The arm 1852 has a cross hole 1860 which passes across the window 1858. The free end of the elbow 1854 comprises a collar 1862 with a through hole 1864 sized to receive the proximal end 1848 of the outer sleeve 1806. The through hole 1864 may step up to a larger diameter at its distal end. The elbow 1854 may preferably comprise an angle near 90 degrees. Two ears or projections 1866 extend from the obtuse side of the elbow 1854, generally parallel to the collar 1862. The projections 1866 are aligned with each other so as to bracket a space between them. Two parallel holes 1868, 1870 extend through the projections 1866. The fixed handle 1808 is rigidly attached to the outer sleeve 1806. Alternatively, the handle and the outer sleeve 1806 may be made as a single part.

The movable handle 1810 comprises an arm 1872 with an enlarged, flattened first end 1874. A second end 1876 of the arm 1872 may terminate in a loop 1878 sized to fit one or more fingers or the whole hand. The arm 1872 has a window 1880 through its midsection, in a direction generally parallel to a plane established by the first end 1874. A terminal portion of the first end 1874 is divided into two ears or projections 1882 which are aligned with each other so as to bracket a space between them. A through hole 1884 and an open-ended slot 1886 pass through both projections 1882. The first end 1874 of the arm 1872 also has a through hole 1888 and slot 1890 located between the window 1880 and the projections 1882. The first end 1874 of the movable

31

handle **1810** slides between the projections **1866** on the fixed handle **1808**. The movable handle **1810** is pivotally attached to the fixed handle **1808** by passing the large pin **1824** through the hole **1890** and the hole **1868**. A medium pin **1822** passes through the hole **1870** and the slot **1890** to limit the pivotal motion of the movable handle **1810**. The projections **1882** on the movable handle **1810** slide over the tab end **1834** of the follower shaft **1804** and the open-ended slot **1886** receives the prongs **1838** or pin ends of the follower shaft **1804**. This arrangement turns pivotal movement of the movable handle **1810** into linear movement of the follower shaft **1804** and inner shaft **1802** within the outer sleeve **1806**.

The lever **1812** may be generally arcuate. A first end of the lever **1812** is divided into three projecting tabs. The first two tabs **1892** are parallel and aligned with each other so as to bracket a space between them. A hole **1894** passes through both tabs **1892** near their free ends. The third tab **1896** is perpendicular to the first two tabs **1892**, and extends beside the first two tabs **1892** so that the three tabs form a three-sided, slotted channel. The midportion of the lever **1812** has a window **1898** oriented generally parallel to the first two tabs **1892**. The edge of the window **1898** closest to the tabs may have serrations **1798**, threads, or other tooth-like features. The first two tabs **1892** of the lever **1812** slide over the arm **1872** of the movable handle **1810** so that the lever **1812** may be pivotally attached to the movable handle **1810** by passing a medium pin **1822** through the hole **1894** and the hole **1888**. The third tab **1896** rests against the arm **1872** between the window **1880** and the first end **1874**. In this arrangement, the third tab **1896** may function as an intrinsic spring that biases the lever **1812** to lie against the movable handle **1810**.

The rod **1814** is generally cylindrical. The outside diameter of the rod **1814** may step down one or more times from a first end **1796** to a second end **1794**. The first end **1796** comprises a tab **1792** with opposing flat faces **1790**. A through hole **1788** pierces the flat faces **1790** of the tab **1792**. The first end **1796** of the rod **1814** is sized and shaped to slide into the window **1858** in the arm **1852** of the fixed handle **1808** so that the rod **1814** may be pivotally attached to the fixed handle **1808** by passing a medium pin **1822** through the hole **1788** and the hole **1860**. The second end **1794** of the rod **1814** is sized and shaped to slide into the window **1880** in the arm **1872** of the movable handle **1810** and further into the window in the midportion of the lever **1812**. The rod **1814** fits into the windows **1858**, **1880**, **1898** with clearance over the full range of motion of the movable handle **1810**.

The spring **1816** is sized to slide over all but the largest outside diameter of the rod **1814**. In the free state, the spring **1816** may be approximately the same length as the rod **1814**.

The collar **1818** is generally tubular. A first end **1786** of the collar **1818** may be angled to correspond to a facing surface on the arm of the movable handle **1810**. The inside diameter of the collar **1818** may step up from the first end **1786** to a second end **1784** of the collar **1818**. The entire collar **1818** slides over the second end **1794** of the rod **1814** and the second end **1784** of the collar **1818** slides over at least a portion of the spring **1816**. When the inferior inserter **1800** is fully assembled, the spring **1816** and collar **1818** are positioned between the fixed handle **1808** and the movable handle **1810**, with the first end of the collar **1818** against the arm **1872** of the movable handle **1810**. The rod **1814**, spring **1816**, and collar **1818** act together to bias the movable handle **1810** away from the fixed handle **1808**.

A second embodiment of an inferior inserter **1770** is shown in FIG. **49**. This embodiment may differ from the first

32

inferior inserter **1800** in that it has a flexible inner shaft **1772** and a flexible outer sleeve **1776**. The remaining components may be identical to those disclosed for the first inferior inserter **1800**.

The flexible inner shaft **1772** is generally cylindrical with a spherical distal end **1774** and a cross hole **1828** through a proximal end **1829**. The outer diameter of the inner shaft **1772** may neck down to a smaller diameter from the proximal end **1829** to the distal end **1774** in order to increase the flexibility of the inner shaft **1772**. The inner shaft **1772** may be made from any known flexible material, such as titanium, nitinol, or other superelastic alloy.

The flexible outer sleeve **1776** is generally tubular and may differ from the outer sleeve **1806** in that at least a portion of the outer sleeve **1776** has a pattern of interlocking tabs **1778** separated by slots **1780** which enhance the flexibility of the outer sleeve **1776**.

Inferior inserter **1770** may be particularly useful at certain spinal levels, such as the lumbosacral level, because the inferior inserter **1770** may flex to avoid obstacles such as bony or soft tissue anatomy. The inferior inserter **1770** may also be useful in minimally invasive surgical procedures due to its flexibility.

Returning to FIGS. **1** and **22**, the fixation assembly **300** and superior implant **200** may be implanted into the left pedicle of vertebra **2** as follows. It is understood that steps may occur in the order presented, or in a different sequence. It is further understood that right and left facet joint replacements may be implanted during the same procedure and optionally linked via a crosslink. The pedicle is prepared for implantation, which may include removal of natural facet surfaces and bone preparation, and may include a broaching step to shape the pedicle to receive the implant base **304**. Broaching may ensure bone ingrowth and better mechanical retention of the base and therefore the full implant system. The fixation member **302** is driven into the pedicle to a prescribed or desired depth. A tapered base **304** is placed on the fixation member **302**, and the bone engaging portion may be urged into the bone by pressing, tapping, or other means. A split sphere **306** is placed on the base **304**, and the ring **204** of the superior implant **200** is placed over the split spheres **306** and locked down relative to the fixation assembly **300**. Alternatively, the split sphere **306** may be captured in the ring **204** of the superior implant **200**, and the implant/ring assembly placed on the base **304** and locked down. A second fixation assembly **300** and superior implant **210** may be implanted into the right pedicle of vertebra **2** in a similar manner.

Referring to FIGS. **23-25**, the fixation assembly **350** and superior implant **210** may be implanted into the left pedicle of vertebra **2** as described above for fixation assembly **300** and superior implant **200**, with the following differences. To lock the orientation and position of the superior implant **210**, a lockout tool (not shown) is actuated to effect the taper lock. The lockout tool has an externally threaded inner shaft tip which is engaged in the threaded lumen **366** of the tapered base **354**. The lockout tool is actuated, using tensile force to simultaneously pull on the tapered base **354** with the inner shaft, and push on the flange **368** of the split sphere **356** with an outer shaft. This force moves the split sphere **356** farther onto the tapered portion **364**. The split sphere **356** expands and engages the ring **212** of the superior implant **210** until all motion ceases and the position of the ring **212** is locked down. The lockout tool is unthreaded and removed, and the capture nut **358** is threaded into the threaded lumen **366**, also capturing the flange **368** of the split sphere **356**. The capture nut **358** is included to ensure the long-term integrity of the

33

lock. The top nut **360** is threaded onto the fixation member **352**, and assists in holding the tapered base **354**, split sphere **356**, superior implant **210**, and capture nut **358** against the bone surface. The top nut **360** and capture nut **358** may use the same driver. A second fixation assembly **350** and superior implant **210** may be implanted into the right pedicle of vertebra 2 in a similar manner.

Referring to FIG. 1, fixation assembly **300** may be implanted into each pedicle of vertebra 4 in the same manner described above for vertebra 2. The pedicles are prepared for implantation, which may include removal of natural facet surfaces and bone preparation, and may include a broaching step to shape the pedicles to receive the implant bases **304**. Broaching may ensure bone ingrowth and better mechanical retention of the bases and therefore the full implant system. Fixation members **302** are driven into the pedicles to a prescribed or desired depth. Tapered bases **304** are placed on the fixation members **302**, and the bone engaging portions may be urged into the bone by pressing, tapping, or other means. Alternatively, fixation assembly **350** may be implanted into each pedicle of vertebra 4 in the same manner described above for fixation assembly **300**.

Next, the components of inferior implant **100** are assembled but not yet locked together. A split sphere **306** is captured in the ring **182** of the strut **104**, and the inferior implant/sphere assembly is placed on the tapered portion **320** of the base **304** in the left pedicle of cephalad vertebra 4. An offset distance between the inferior articular surface **122** and the fixation assembly **300** may be adjusted by moving the inferior articular body **102**, with attachment mechanism **106** contained within it, relative to the inferior strut **104**. At this point, the inferior articular surface **122** may be aligned with the superior articular surface **202** of superior implant **200**, and may be temporarily clipped to the superior articular surfaces **202** to maintain the alignment. The inferior implant/sphere assembly is then locked down to the fixation assembly **300**. In a similar manner, the components of inferior implant **101** may be assembled, adjusted, and locked down to the fixation assembly **300** in the right pedicle of cephalad vertebra 4.

The inferior articular body **102** may be packaged with the superior implant **200**, such that the articular surfaces **122**, **202** are temporarily clipped together in a desired alignment. In this instance, the inferior articular body **102** is inserted with the superior implant **200** when the superior implant **200** is placed and locked with the fixation assembly **300**. Then the inferior strut **104** and the remaining components of the inferior implant **100**, including the conical expander **126**, split shell **128**, and split clamp **110** are assembled with the inferior articular body **102**. The ring **182** of the inferior strut **104** is assembled with a split sphere **306** and locked down with the inferior fixation assembly **300**. After insertion of the crosslink rod **108** and final lockdown, as described below, the temporary clip is removed.

Alternatively, the inferior implant **100** may be made available secured to a clip. The implant **100**, with the attached clip, may be inserted adjacent to an already implanted and locked down superior implant, and the inferior and superior implants temporarily clipped together. The inferior strut is adjusted and locked down to its fixation assembly. After insertion of the cross slink rod **108** and final lockdown of the inferior implant, as described below, the clip is removed.

Referring to FIG. 5, the clip **550** or gripping tool may be used as a handle to place the inferior implant articular body **470** with attached strut adjacent to an implanted superior implant **210** such that posts or pins on the clip **550** engage

34

in openings on the superior implant **210**, and the inferior and superior articulation surfaces are aligned. Then the inferior strut is polyaxially adjusted and locked to a fixation assembly (not shown) in a manner similar to that described above. A crosslink may be used to connect bilateral inferior implants, as described above. As the final step, the clip **550** is unlocked and removed, allowing articulation between the inferior and superior implants along their respective articular surfaces.

The cross slink **108** may now be inserted through the collar **164** of the split clamp **110** of one inferior implant **100** or **101** and optionally through a prepared spinous process, and through the other collar **164** on the remaining inferior implant **100** or **101**. It is appreciated that as the crosslink **108** is inserted, the split clamp **110** is rotatable about the clamp axis **111**. Therefore, the crosslink **108** may be positioned to pass through a spinous process, or may pass through soft tissue caudal to the spinous process. Alternatively, the crosslink **108** may be inserted before the inferior implants are locked down to the fixation assemblies. The attachment mechanisms **106** of each inferior implant **100**, **101** are actuated to lock down the implants, fixing the positions of the articular surfaces **122**, the inferior struts **104** and the cross slink **108** relative to their respective fixation assemblies **300**. Post-operatively, the articular surfaces will be capable of articulating against one another, allowing a level of natural spinal motion.

With reference to FIGS. 7, 28, and 29, one method of implanting inferior facet replacement implant **1230** and superior facet replacement implant **210** is as follows. It is understood that steps may occur in the order presented, or in a different sequence. It is further understood that right and left facet joint replacements may be implanted during the same procedure and optionally linked via a crosslink. Fixation assembly **350** is implanted into a prepared pedicle, and ring **212** of superior implant **210** is positioned and taper-locked onto the fixation assembly **350**, as described previously. A second fixation assembly **350** (not shown) is implanted into the pedicle of the adjacent cephalad vertebra, minus sphere **356**, capture nut **358** and top nut **360**. Clip **1200** and attached inferior implant **1230** are removed from sterile packaging and coupled to delivery tool **1300**. The delivery tool **1300** is manipulated to position sphere **356** onto fixation assembly **350**, and posts **1212**, **1218** of the clip **1200** into the holes **216**, **218** of the superior facet implant **210**. As the clip is positioned, polyaxial adjustment may occur at several junctures, allowing adjustment of the inferior articular surface **1234** relative to the fixation assembly **350**. Ring **182** of strut **104** may rotate about sphere **356** relative to the fixation assembly **350**, the position of inferior articular body **1232** may be adjusted along strut post **184** of strut **104** to match the offset distance between the adjacent vertebrae, the conical expander **126** may rotate about the strut post **184**, and the split shell **128** may rotate within the inferior articular body **1232**. When the clip **1200** is properly positioned so that the posts **1212**, **1218** fit into the holes **216**, **218** and the articular surfaces **214**, **1234** are aligned, the delivery tool **1300** may be triggered to release the clip from the hook **1304**, and the delivery tool **1300** is removed. A crosslink such as **108** may be positioned in the split clamp **110**. The fixation assembly **350** is taper-locked relative to the sphere **356** and inferior strut **104**, and capture nut **358** and top nut **360** are added to secure the assembly. Nut **130** is actuated on conical expander **126** to lock down the relative orientation of inferior strut **104** and inferior articular body **1232**, and lock the position of crosslink **108**. Flexing tool **1320** is attached to the connecting portion **1206** of the clip

35

1200, and activated to flex the connecting portion. As the connecting portion 1206 of the clip 1200 is flexed, shoulder 1208 rotates relative to the axis of post 1212, and shoulder 1214 rotates relative to the axis of post 1218, and tabs 1210, 1216 are urged apart, and out of slots 1236. Thus, clip 1200 is detached from inferior implant 1230 and also can be urged away from superior implant 210.

Various methods for implanting the facet joint replacement system 10 described above, and alternate embodiments thereof, will now be described in relation to the instruments set forth above.

The pedicles of vertebrae 2 and 4 may be prepared for implantation of the fixation members according to the surgeon's preferred technique. Imaging apparatus, such as a fluoroscope or C-arm, may be used to visualize the operative pedicles. Pedicle preparation may include probing or tapping each pedicle to prepare a socket to receive the fixation member. In a preferred embodiment, the pedicles of the caudal vertebra, in this example vertebra 2 (FIG. 1), may be prepared so that the fixation member will be inserted substantially parallel to the superior endplate of vertebra 2, or at an optimal angle relative to the sagittal plane 3, or both. Bone resection may be performed at this time, and may include decompression as well as partial or total facetectomy at the operative spinal level. Alternatively, bone resection may be performed later in the surgical procedure.

Referring to FIGS. 34-36, screw driver 1130 may be used to insert a pedicle screw 1100 into each pedicle. The unlocked configuration of screw driver 1130 is selected by lifting the lever 1110 away from the handle 1111. The proximal end of pedicle screw 1100 is inserted into the collet 1112 so that it contacts the bottom of the center bore 1113. In this way, a predetermined length of the pedicle screw 1100 is enclosed within the distal end 1106 of the screw driver 1130. In a preferred embodiment, the predetermined length may be about 13 mm. The locked configuration of screw driver 1130 is then selected by pressing the lever 1110 against the handle 1111. As the lever 1110 is depressed, the collet 1112 retracts into the distal end 1106 of the outer sleeve 1101 and the inner walls 1115 of the prongs 1103 are compressed by the outer sleeve 1101 tightly against the flats 1107 of pedicle screw 1100. The distal end of the pedicle screw 1100 is threaded into the pedicle until the distal tip 1106 of the screw driver 1130 contacts the bone surface around the pedicle screw 1100. The distal tip 1106 of the screw driver 1130 resists further advancement of the pedicle screw 1100 into the pedicle. The unlocked configuration of screw driver 1130 is again selected by lifting the lever 1110 away from the handle 1111, and the screw driver 1130 is detached from the pedicle screw 1100. In this way, the pedicle screw 1100 is inserted into the bone so that a predetermined length of the proximal end of the pedicle screw 1100 is exposed.

Alternatively, referring to FIGS. 37A-38E, screw driver 1140 may be used to insert a pedicle screw 1100 into each pedicle. The locked configuration of screw driver 1140 is selected by depressing the lever 1148 against the handle 1146. The proximal end of the pedicle screw 1100 is threaded into the distal end 1164 of the outer sleeve 1142 until it abuts the distal end 1160 of the inner shaft 1144. In this way, a predetermined length of the pedicle screw 1100 is enclosed within the distal end 1164 of the screw driver 1140. At this point, the inner shaft 1144 resists further advancement of the pedicle screw 1100 into the outer sleeve 1142, causing the proximal threads of the pedicle screw 1100 to bind in the threads in the distal end 1164 of the outer sleeve 1142. The distal tip of the pedicle screw 1100 is then

36

threaded into the pedicle until the distal tip 1164 of the outer sleeve 1142 contacts the bone surface around the pedicle screw 1100. The distal tip 1164 of the screw driver 1140 resists further advancement of the pedicle screw 1100 into the pedicle. The unlocked configuration of the screw driver 1140 is selected by lifting the lever 1148 away from the handle 1146. This separates the distal end 1160 of the inner shaft 1144 from the proximal end of the pedicle screw 1100 so that the screw driver 1140 may be easily unthreaded from the pedicle screw 1100. In this way, the pedicle screw 1100 is inserted into the bone so that a predetermined length of the proximal end of the pedicle screw 1100 is exposed.

Alternatively, screw driver 1140 may be used to insert other fixation elements into bone, such as fixation element 302 or 352.

Referring to FIGS. 51-52, the pedicles may be further prepared by reaming a bone socket that is sized and shaped to receive a particular implant base. The bore 1274 of the base reamer 1250 is placed over the exposed proximal end of the pedicle screw 1100, or other fixation member. When the base reamer 1250 is first placed over the pedicle screw 1100, the inner shaft 1256 tends to slide toward its distal limit due to gravity. Thus, the line 1288 is distally displaced from the target line 1278 on the outer sleeve 1254. As the base reamer 1250 is rotated and advanced over the pedicle screw 1100, the distal end 1292 of inner shaft 1256 contacts the proximal end of the pedicle screw 1100. As the base reamer 1250 advances further over the pedicle screw 1100, the outer sleeve 1254 advances over the now stationary inner shaft 1256 so that line 1288 approaches line 1278. When the inner shaft 1256 reaches its proximal limit, line 1288 is aligned with line 1278. Furthermore, the inner shaft 1256 physically resists further advancement of the base reamer 1250 into the bone. In this way, the penetration of the base reamer 1250 may be limited to a predetermined depth relative to the exposed proximal end of the pedicle screw 1100.

FIG. 52 shows a cross section through the left and right pedicle axes of vertebra 2 with base reamer 1250 fully seated with respect to pedicle screw 1100 after reaming the bone socket. The distal tip 1292 of the inner shaft 1256 of the base reamer 1250 contacts the proximal end of the pedicle screw 1100 and the inner shaft 1256 is at its proximal limit. FIG. 53 provides a perspective view of the reamed bone socket.

As an alternative, the base reamer may lack a movable inner shaft 1256, and may instead have a reamer tip with a center bore having the predetermined depth. This embodiment would provide a physical depth stop to prevent over-penetration of the base reamer into the bone, although no external indicator would be provided.

It can be appreciated that the surgeon would select a particular base reamer to correspond to the specific implant base that will be implanted in a given pedicle.

As an optional step, the pedicles may be broached in order to precisely configure the bone socket to receive a particular implant base. A broaching step may or may not be necessary, depending on factors such as implant base configuration or bone quality. Certain embodiments of the implant base may be designed with self-cutting fins or other features, so that broaching is unnecessary. However, broaching may ensure that an adequate bone socket is prepared in hard or dense bone, or for an implant base having a raised bone ingrowth surface treatment.

With reference to FIGS. 53-54, the bore 1364 of base broach 1350 is placed over the exposed proximal end of the pedicle screw 1100, or other fixation member if used. If present, corresponding flats 1372 and 1107 must be aligned

in order for the base broach to advance over the pedicle screw **1100**. By aligning the corresponding flats **1372** and **1107**, any anti-rotation features present on the base broach will be oriented with respect to the pedicle screw **1100**, and as will be described presently, the corresponding anti-rotation features of the implant base will be aligned with the broached socket by the pedicle screw **1100**. Alternatively, if flats are not present on the base broach and fixation member, then any anti-rotation features on the broach may be aligned according to the surgeon's preference.

Once properly aligned, the base broach **1350** is advanced into the bone until it penetrates to a predetermined depth relative to the exposed proximal end of the pedicle screw **1100**. Various means of controlling base broach penetration are contemplated within the scope of the present invention. A flange **1362**, if present, may contact a bone surface cut at a predetermined depth by the base reamer **1250**. The flange **1362** resists further advancement of the base broach into the bone. The bore **1364** of the base broach **1350** may comprise the predetermined depth. A movable inner shaft, similar or identical to inner shaft **1256** of the base reamer **1250**, may be provided in an alternate embodiment of the base broach.

FIG. **54** shows a cross section through the left and right pedicle axes of vertebra 2 with base broach **1350** fully seated with respect to pedicle screw **1100** after broaching the bone socket. Due to the odd number of fins **1368** on broach tip **1352**, the cross section cuts one fin **1368** at full height, while on the opposite side of the broach tip **1352**, the body **1360** is cut. The flange **1362** of the base broach tip **1352** is in contact with a corresponding flat surface of the reamed bone socket, thus acting as a depth stop by limiting further advancement of the base broach **1350** into the bone. FIG. **55** offers a perspective view of the broached bone socket.

It can be appreciated that the surgeon would select a particular base broach to correspond to the specific implant base that will be implanted in a given pedicle.

Referring to FIGS. **55-57**, the base inserter **1400** is used to place the implant base **870** over the pedicle screw **1100** and seat the implant base **870** into the prepared bone socket in the pedicle. The threads **877** of the implant base **870** are threaded onto the distal end **1402** of the base inserter **1400** and modular handle **1410** is attached to the proximal end **1404** of the base inserter **1400**. The lumen **871** of the implant base **870** is placed over the exposed proximal end of the pedicle screw **1100**. The corresponding flats **873** and **1107** must be aligned in order for the implant base **870** to advance over the pedicle screw **1100**. By aligning the corresponding flats **873** and **1107**, the anti-rotation features present on the implant base will be aligned with the broached socket by the pedicle screw **1100**.

Once properly aligned, the implant base **870** is advanced into the bone until it penetrates to a predetermined depth relative to the exposed proximal end of the pedicle screw **1100**. Various means of controlling the implant base **870** penetration are contemplated. A flange **874**, if present, may contact a bone surface cut at a predetermined depth by the base reamer **1250**. The flange **874** resists further advancement of the base broach into the bone. There may also be audible or tactile sensory feedback when the flange **874** contacts the bone surface. The bore **1406** of the base inserter **1400** may comprise the predetermined depth. A movable inner shaft, similar or identical to inner shaft **1256** of the base reamer **1250**, may be provided in an alternate embodiment of the base inserter.

FIGS. **56-57** show the fully seated implant base **870** in cross section. FIG. **56** shows a cross section through the left and right pedicle axes of vertebra 2 with implant base **870**

fully seated with respect to pedicle screw **1100**. The flange **874** of the implant base **870** is in contact with a corresponding flat surface of the prepared bone socket, thus acting as a depth stop by limiting further advancement of the implant base **870** into the bone. Furthermore, the bore **1406** of the base inserter **1400** acts as a depth stop by abutting the proximal end of the pedicle screw **1100**. FIG. **57** shows a cross section perpendicular to the pedicle axis and distal to the flange **874**.

When the implant base **870** is fully seated, the modular handle **1410** may be removed. However, in a preferred embodiment of the surgical technique, the base inserter **1400** remains attached to the implant base **870** and is used in subsequent surgical steps.

Alternatively, implant base **354** may be threaded onto the base inserter **1400**. Implant base **354** may lack flats, and therefore may be suitable for use with fixation element **352**, which also lacks flats. In this case, the surgeon would align any anti-rotation features of implant base **354** with the previously broached socket.

In a further alternative, implant base **304**, **850**, or **880** may connect to an alternate embodiment of a base inserter (not shown) which has a complementary distal tip to engage the tool engagement rim **322**.

Referring to FIGS. **58-61**, in a preferred embodiment, the superior implant **210** may be supplied with a split sphere **306** captive within the superior implant ring **212**. The superior facet joint implant **210** with split sphere **306** may be grasped by the superior inserter **1500** by embracing the implant **210** with the arms **1514**, **1520**, positioning the tabs **1516**, **1522** to engage the notches **206** on opposite sides of the implant **210**, and depressing the lever **1508** to close the moveable jaw **1504**. The superior inserter **1500** grasps the implant **210** in a predetermined orientation established by the engagement of the tabs **1516**, **1522** and the notches **206**, and by the particular configuration of the arms **1514**, **1520** relative to the shaft **1512**.

The ring **212** of the superior implant **210**, with captive split sphere **306**, is placed over the base inserter **1400** and advanced over the tapered portion **872** of the implant base **870** so that the split sphere **306** contacts the tapered portion **872** and the superior articular surface **214** faces medially. The superior implant **210** may then be placed in a desired orientation by positioning shaft **1512** of the superior inserter **1500** parallel with the superior endplate of the vertebra (FIG. **60**). Fluoroscopic or other imaging equipment may be used to ensure the shaft **1512** is properly aligned. The handle **1510** of the superior inserter **1500** may also be positioned parallel to the sagittal plane 3 (FIG. **61**), while maintaining the shaft **1512** in alignment with the superior endplate. The sagittal plane 3 and superior endplate alignment may be maintained during the subsequent lockout step.

Referring now to FIGS. **62-64**, the tube **1602** of the lockout tool **1600** is passed over the base inserter **1400** and advanced to contact the flange **368** of the split sphere **354**, or a corresponding edge of split sphere **306**. The modular handle **1410** is reattached to the proximal end **1404** of the base inserter **1400** where it protrudes from the drive sleeve **1606** of the lockout tool **1600**. The handles **1610**, **1612** of the lockout tool **1600** are squeezed together until the first line **1670**, marked across the plate **1668**, aligns with the second line **1672**, marked across the projection **1658**. As the handles **1610**, **1612** are squeezed together, the lockout tool **1600** stabilizes itself on the implant base **870** with the base inserter **1400** and pushes on the split sphere **306** with the tube **1602** to lock the superior implant **210** to the implant base **870**.

The modular handle **1410**, lockout tool **1600**, and base inserter **1400** are removed. Optionally, a capture nut **358** may be threaded into the threads **877** in the implant base **870**. A top nut **360** is threaded onto the pedicle screw **1100** to hold the implant base **870** in the bone socket.

The surgeon may then remove the superior inserter **1500** by lifting the lever **1508** to open the moveable jaw **1504**.

The pedicles of vertebra 4 may be reamed and optionally broached as previously described for vertebra 2. Implant bases may be inserted into the bone sockets as previously described. The base inserters **1400**, or alternate embodiments thereof, preferably stay connected to the implant bases to be used in subsequent surgical steps.

Referring to FIGS. **65-67**, one or more inferior trials **1700** may be used to determine the appropriate inferior facet joint implant **100** for a particular operative site. As previously described, the inferior trial **1700** substantially mimics the inferior facet joint implant **100**. Furthermore, a kit of inferior trials **1700** may be provided, wherein each inferior trial **1700** in the kit has a unique configuration that corresponds to a specific inferior facet joint implant **100** configuration.

The inferior inserter **1800** is connected to a selected inferior trial **1700** by inserting the reduced diameter tip **1842** of the inferior inserter **1800** into the hole **1730** of the inferior trial **1700** and squeezing the handles **1808**, **1810** of the inferior inserter **1800** together to draw the flared distal end **1826** of the inner shaft **1802** further into the distal tip **1840** of the outer sleeve **1806** so that the prongs **1844** deflect outwardly to bind within the hole **1730**. The lever **1812** of the inferior inserter **1800** is spring biased so that its serrations **1798** bind against the rod **1814** to lock the inferior inserter **1800** mechanism so that it will stay connected to the inferior trial **1700** until the lever **1812** is lifted. When the lever **1812** is lifted, the spring **1816** pushes the movable handle **1810** away from the fixed handle **1808** to quickly and easily disconnect the inferior inserter **1800** from the inferior trial **1700**.

With the selected inferior trial **1700** connected to the inferior inserter **1800**, the trial sphere **1704** is passed over the base inserter **1400** and advanced to contact the tapered portion **872** of the implant base **870**. The trial shell **1708** is manipulated with the inferior inserter **1800** to slide the pins **1728** into the openings **582** of the superior implant **210**. If the pins **1728** cannot be fully inserted into the openings **582**, then the selected inferior trial **1700** is unsuitable for the particular operative site or patient anatomy. In this case, the inferior trial **1700** is disconnected from the inferior inserter **1800** and a different inferior trial **1700** is selected. The trialing process is repeated with different inferior trials **1700** until a particular inferior trial **1700** is found that fits the operative site. Proper fit is demonstrated when the trial sphere is placed on the tapered portion **872** of the implant base **870** and the pins **1728** can be fully inserted into the openings **582**. The inferior trial size is noted, and the same size inferior facet implant **100** is selected for permanent implantation.

The selected inferior facet implant **100** may be connected to the inferior inserter **1800** by a clip, as described previously. In a preferred embodiment, the inferior facet implant **100** includes alternate inferior articular body **402** and a split sphere **306** captive in the ring **182** of the inferior strut **104**. The inferior facet implant **100** may be provided already coupled to the clip **410**. Otherwise, the prongs **418** of the clip **410** may be inserted into the gripping feature **404** of inferior articular body **402**. The angled holes **408** and the flared prongs **418** interact to retain the clip **410** on the inferior articular body **402**. The inferior inserter **1800** is connected to

the clip **410** by inserting the reduced diameter tip **1842** of the inferior inserter **1800** into the socket **414** of the clip **410** and squeezing the handles **1808**, **1810** of the inferior inserter **1800** together. The prongs **1844** deflect outwardly to bind within the socket **414**, and as a result, the prongs **418** are urged apart so that the inferior inserter **1800** is securely connected to the inferior facet implant **100** through the clip **410**.

With the selected inferior facet implant **100** connected to the inferior inserter **1800**, the split sphere **306** is placed over the base inserter **1400** and advanced to contact the tapered portion **872** of the implant base **870**. The inferior articular body **402** is manipulated with the inferior inserter **1800** to slide the pins **416** of the clip **410** into the openings **582** of the superior implant **210**.

The lockout tool **1600** is used to lock the inferior strut **104** to the implant base **870** in the same manner described previously. After removing the modular handle **1410**, lockout tool **1600**, and base inserter **1400** are removed, an optional capture nut **358** may be threaded into the threads **877** in the implant base **870**. A top nut **360** is threaded onto the pedicle screw **1100** to hold the implant base **870** in the bone socket.

Optionally, a crosslink **108** may be secured between bilateral left and right inferior facet implants **100**. The crosslink **108** may be grasped by an inserter, such as a locking forcep **2100**, and manipulated through the interspinous space between vertebrae 2, 4 until each end of the crosslink **108** passes through the collar **164** of the split ring clamp **110** of each inferior facet implant **100**.

The nut **130** of each inferior facet implant **100** is tightened so that the crosslink **108** and the inferior articular bodies **402** are locked. An optional counter torque tool **2200** may be used to stabilize the construct as the nut **130** is tightened.

The present invention includes variances of the system herein described. Alternative embodiments may include different geometries and intermediate parts. Changes in the geometry, especially on the ends of the inferior strut, may be made to facilitate instrumentation or overall function. Applications of the present invention may include single- or multi-level facet joint replacement, or other iterations in which a rod or rod-like member is fixed to a second member to attain spinal fusion.

System **10**, and other facet replacement components disclosed herein, may also be implanted on multiple vertebral levels to provide facet joint replacement across several levels. In a multi-level application, additional superior implants may be added to the fixation assemblies **300** which secure the inferior struts **104**, to extend the system in a cephalad direction. Similarly, to extend the system caudally, additional inferior struts coupled to inferior implants may be added to the fixation assemblies **300** which secure the original superior implants **200**. Also, fusion rods (not shown) may be secured between fixation assemblies **300** on adjacent vertebrae to provide rigid fusion at a desired vertebral level.

The present invention may be embodied in other specific forms without departing from its spirit or essential characteristics. It is appreciated that various features of the above-described examples can be mixed and matched to form a variety of other alternatives. As such, the described embodiments are to be considered in all respects only as illustrative and not restrictive. The scope of the invention is, therefore, indicated by the appended claims rather than by the foregoing description. All changes which come within the meaning and range of equivalency of the claims are to be embraced within their scope.

41

The invention claimed is:

1. A method of positioning an inferior facet joint replacement component, the method comprising:

implanting a superior facet joint replacement implant to replace a natural superior articular facet on a first vertebra of a spine;

coupling the inferior facet joint replacement component to an inserter tool; and

engaging a first coupling portion of the inferior component with a complementary first coupling portion of the superior implant to couple the inferior component to the superior implant in a predetermined orientation, wherein the first coupling portion of the inferior component comprises a clip having a pair of pins separated from a pair of prongs,

wherein the pair of pins are shaped to engage the superior facet joint replacement implant and the pair of prongs are shaped to engage the inferior facet joint replacement component, and

wherein the pair of pins are cylindrical and have a constant diameter over their entire length and the pair of prongs are configured as flanges, correspond to a gripping feature on the inferior facet joint implant, and are separated by a slot substantially centered between the pair of prongs to enable the pair of prongs to independently move with respect to each other.

2. The method of claim 1, wherein, in the predetermined orientation, a complementary surface of the inferior component is in a fixed alignment with an articular surface of the superior implant.

3. The method of claim 2, wherein the complementary surface of the inferior component comprises an articular surface of an inferior facet joint replacement implant.

4. The method of claim 2, wherein the complementary surface of the inferior component comprises a mock articular surface of an inferior facet joint replacement implant trial.

5. The method of claim 1, wherein the inferior component is provisionally coupled to the superior implant during at least a portion of a facet joint replacement surgical procedure.

6. The method of claim 1, wherein coupling the inferior component to the inserter tool comprises:

moving the inserter tool from an unlocked configuration, in which the inferior component and the inserter tool are separable, to a locked configuration, in which the inferior component and the inserter tool are inseparable.

7. The method of claim 1, wherein coupling the inferior component to the superior implant comprises bending a flexible shaft of the inserter tool to avoid obstacles in the vicinity of the shaft.

8. The method of claim 1, wherein the pair of pins of the inferior component comprises two parallel pins and the first coupling portion of the superior implant comprises two parallel holes sized and positioned to slidably receive the pins.

9. The method of claim 1, wherein the inferior component comprises:

an inferior facet joint replacement implant comprising an articular surface and wherein the clip is removable.

10. The method of claim 9, comprising engaging a pair of prongs of the clip with the gripping feature of the inferior implant to couple the clip to the inferior implant in a fixed orientation before coupling the inferior component to the inserter tool.

42

11. The method of claim 9, wherein coupling the inferior component to the inserter tool comprises engaging a third coupling portion of the clip with a complementary third coupling portion of the inserter tool to couple the inferior component to the inserter tool in a set orientation.

12. The method of claim 1, wherein the inferior component comprises an inferior facet joint replacement implant trial comprising a mock articular surface and the first coupling portion.

13. A method of positioning an inferior facet joint replacement implant, the method comprising:

implanting a superior facet joint replacement implant to replace a natural superior articular facet on a first vertebra of a spine;

coupling the inferior implant to an inserter tool; and engaging a first coupling portion of the inferior implant with a complementary first coupling portion of the superior implant to couple the inferior implant to the superior implant in a predetermined orientation, wherein the first coupling portion of the inferior implant comprises a clip having a first slot and a pair of prongs on one side of the first slot and a pair of pins on another side of the first slot,

wherein the pair of pins are shaped to engage the superior facet joint replacement implant and the pair of prongs are shaped to engage the inferior facet joint replacement implant, and

wherein the pair of pins are cylindrical and have a constant diameter over their entire length and the pair of prongs are configured as flanges, correspond to a gripping feature on the inferior facet joint implant, and are separated by a second slot substantially centered between the pair of prongs to enable the pair of prongs to independently move with respect to each other.

14. The method of claim 13, wherein, in the predetermined orientation, an articular surface of the inferior implant is in a fixed alignment with a complementary articular surface of the superior implant.

15. The method of claim 13, wherein the clip is removable,

wherein coupling the inferior implant to the inserter tool comprises engaging the prongs of the clip with the gripping feature of the inferior implant to couple the clip to the inferior implant in a fixed orientation before engaging a third coupling portion of the clip with a complementary third coupling portion of the inserter tool to couple the inferior implant to the inserter tool in a set orientation.

16. A method of positioning an inferior facet joint replacement implant trial, the method comprising:

implanting a superior facet joint replacement implant to replace a natural superior articular facet on a first vertebra of a spine;

coupling the inferior trial to an inserter tool; and engaging a first coupling portion of the inferior trial with a complementary first coupling portion of the superior implant to couple the inferior trial to the superior implant in a predetermined orientation,

wherein the first coupling portion of the inferior trial comprises a clip having a pair of prongs separated from a pair of pins,

wherein the pair of pins are shaped to engage the superior facet joint replacement implant and the pair of prongs are shaped to engage the inferior facet joint replacement trial, and

wherein the pair of pins are cylindrical and have a constant diameter over their entire length and the pair

43

of prongs are configured as flanges, correspond to a gripping feature on the inferior facet joint trial, are separated by a slot substantially centered between the pair of prongs to enable the pair of prongs to independently move with respect to each other.

5

17. The method of claim 16, wherein, in the predetermined orientation, a mock articular surface of the inferior trial is in a fixed alignment with a complementary articular surface of the superior implant, wherein a gap exists between the mock articular surface and the complementary articular surface.

10

18. The method of claim 16, wherein the pair of pins comprises two parallel pins and the first coupling portion of the superior implant comprises two parallel holes sized and positioned to slidably receive the pins.

15

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44